DERBYSHIRE EDUCATION COMMITTEE.

REPORT

OF THE

School Medical Officer

ON THE

Medical Inspection of School Children

FOR THE

Year ended 31st December, 1929.

W. M. ASH, M.B., B.S., F.R.C.S., D.P.H.,
School Medical Officer.

SIMPSONS' LTD., DERBY.

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SCHOOL MEDICAL STAFF.

COUNTY SCHOOL MEDICAL OFFICER—

W. M. ASH, M.B., B.S., F.R.C.S.. D.P.H.

DEPUTY SCHOOL MEDICAL OFFICER—

I. C. MACKAY, M.B., Ch.B., D.P.H.

ASSISTANT SCHOOL MEDICAL OFFICERS—

T. R. AYNSLEY, M.B., B.S., D.O.M.S. (*resigned* 29/2/29).
H. S. BRYAN, M.R.C.S., L.R.C.P.
F. J. BURKE, M.D., B.Ch.
J. E. HAINE, M.B., Ch.B., D.P.H.
WILHELMINA W. HENDRY, M.B., Ch.B., D.P.H.
ETHEL W. MORRIS, M.R.C.S., L.R.C.P., D.P.H. (*appointed* 3/6/29).
W. J. PIERCE, M.B., Ch.B. (*appointed* 1/3/29).
Also 8 Part-time School Medical Officers.

OPHTHALMIC SURGEON—

T. E. A. CARR, M.B., B.S.

EAR, NOSE AND THROAT SURGEON—

MARGARET S. PURCE, M.B., B.Ch., F.R.C.S.

ORTHOPÆDIC SURGEON—

S. HOYTE, M.B., B.S., F.R.C.S. (*resigned* 30/4/29).
G. A. Q. LENNANE, M.B., M.R.C.S. (*appointed* 22/6/29).

SENIOR DENTAL OFFICER—

H. P. SUTCLIFFE, L.D.S.

DENTAL OFFICERS—

CHRISTINE B. CALDER, L.D.S. (*appointed* 1/11/29).
MARY CROSS, L.D.S.
JOSEPHINE DOLAN.
BETTY C. HAMILTON, L.R.C.P. & S., L.D.S.
DOROTHY A. LITTLAR, L.D.S. (*resigned* 15/6/29).
MEREDITH LEWIS, L.D.S.
DORIS M. THOMSON, L.D.S. (*appointed* 16/9/29).

Also 53 School Nurses, 3 Dental Attendants and 3 Dental Clerks.

ORTHOPÆDIC NURSES—

Miss M. E. GARRATT.
Miss E. TAYLOR.

ANNUAL REPORT OF THE SCHOOL MEDICAL OFFICER, 1929.

To the Chairman and Members of the Derbyshire Education Committee.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present the Twenty-third Report on the work of the School Medical Service in Derbyshire.

The work has been continued on similar lines to those of the past four or five years. Alterations have been almost entirely confined to additions to the present scheme. The orthopædic scheme has been developed during the year. A full-time orthopædic surgeon now attends each of the ten Orthopædic Clinics scattered throughout the County. The number of children in attendance at these Clinics has risen from 920 in 1928 to 1,114 in 1929. An extension at Bretby Hall for an additional 50 Orthopædic cases of non-tubercular origin was practically completed by the end of the year, and was in fact opened for the admission of cases in January, 1930.

The work of the dental department has progressed in a satisfactory manner, and the large increase in the amount of work done is worthy of notice.

I have this year returned to the practice of issuing this Report separately, and not in combination with the Health Report. I regret having had to do this, as the School Medical work is a very important part of the general Health Services of the County, but owing to various statistics required in the Health Report not being available until late in the year, I considered it advisable not to wait for these before publishing the School Report.

I should like, in conclusion, to express my appreciation of the assistance I have received from the Committee and from the Director of Education.

I am,

Your obedient Servant,

W. M. ASH,

School Medical Officer,
Derbyshire.

New County Offices,
St. Mary's Gate,
Derby.
April, 1930.

SECTION I.

NUMBER OF SCHOOLS AND ENROLMENTS.

The Derbyshire Education Committee are the Local Education Authority for the whole of the administrative County with the exception of the Boroughs of Buxton, Chesterfield, Ilkeston and Glossop, which are autonomous for elementary education.

The administrative County comprises 40 sanitary districts. 36 of these are in the County Elementary Education area, 21 being urban districts and 15 rural districts. The schools and enrolments are as follows :—

	Schools.	*Enrolments.*
Urban Districts	94	29,222
Rural Districts	283	46,013
	377	75,235

New Schools.

No new permanent elementary schools have been completed during the year.

CO-ORDINATION.

As recorded in previous years, the closest co-operation is maintained between the various medical services in the County owing to the fact that the School Medical Officer is also the County Medical Officer. There is no alteration to report in the arrangements for co-ordinating the Child Welfare, Tuberculosis and School Services, which prove satisfactory.

It is the policy in this County that the Maternity and Child Welfare Services should be carried out by the Assistant School Medical Officer wherever possible, each Assistant School Medical Officer being responsible for the supervision and attendance at Child Welfare Centres in his area, thus bringing about a continuity of supervision from birth to school-leaving age. For a similar reason the School Nurses, with few exceptions, are also Health Visitors, thus avoiding considerable overlapping which would necessarily occur if the services were kept separate.

All cases of Tuberculosis or suspected Tuberculosis found in the schools by the School Medical Officers are referred to the Tuberculosis Officer at the Dispensary, or in the case of surgical tuberculosis needing orthopædic treatment, to the Orthopædic Surgeon between whom and the Tuberculosis Officers there is the closest co-operation.

THE SCHOOL MEDICAL SERVICE IN RELATION TO PUBLIC ELEMENTARY SCHOOLS.

School Hygiene.

Each school is visited at least once a year by the Assistant School Medical Officers for the purposes of Routine Medical Inspection, followed by a survey of the School premises. Any defects found are reported to the Central Office and dealt with by the School Architect. During the year, 407 departments have been inspected, details of which are given below on Table A.

TABLE A.

	Good.	Insufficient.	Defective and needs attention.
Cleanliness	387	2	8
Heating	389	6	3
Lighting	386	9	2
Ventilation	390	6	1
Water Supply	400	7	—
Washing Arrangements	382	13	2
Cloak Room Arrangements	390	6	1
Sanitary Arrangements	374	8	15
Playground	361	—	35

The School Architect reports the following work done during the year at existing School buildings. The work done as a result of reports by medical inspectors is included in this Table.

Type of Work.	*No. of Schools.*
Improvements to heating apparatus.	18
Heating improved by stoves or fireplaces.	4
Conveniences converted.	9
Drainage improved.	6
Ventilation improved.	7
Electric light has been supplied.	17
New floors put in.	10
Supplied with Cookery Centre.	2
Supplied with Manual Rooms.	3
General repairs.	232

Medical Inspection.

No change has been made in the scheme for Medical Inspection during the year.

(*a*) *The Age Groups* examined during the year (see Table 1 at the end of this Report) were :—

Routine
- I. Entrants—or children commencing school.
- II. Children between the ages of 8 and 9 years.
- III. Leavers—children between the ages of 12 and 14 years.

IV. Specials.

V. Re-examinations.

(*b*) *Extent to which the Board's Schedule of Medical Inspection has been followed.*

The present scheme for reporting results of Medical Inspection still proves itself to be highly satisfactory, and greatly facilitates the compiling of the Board of Education Tables at the end of the year.

The number of children examined at Routine Medical Inspection this year shows a decrease, but it will be noted that the number of re-examinations and special examinations continue to increase.

The decrease in routine inspections is accounted for by the fact that on the resignation of Dr. Aynsley one area of the County was without an Assistant School Medical Officer for three months before a successor was appointed. Illness amongst members of the staff necessitated a serious break in the usual routine work.

The number of examinations made during the year are given below, together with the comparative figures for the preceding two years :—

	Entrants.	Inter-mediates.	Leavers.	Specials.	Re-exam.	Total.
1927 ...	9,400	6,673	7,554	2,140	4,184	29,951
1928 ...	9,715	9,326	7,773	2,036	5,863	34,713
1929 ...	8,441	8,278	6,472	2,225	6,254	31,670

Heanor Clinic.

I reported in 1928 that a clinic on similar lines to the Alfreton Clinic was being constructed at Heanor. This clinic has now been completed, and was officially opened by Miss Millicent Jackson, J.P., on May 6th.

FINDINGS OF MEDICAL INSPECTIONS AND MEDICAL TREATMENT.

Appended to this Report will be found the Tables prescribed by the Board of Education showing defects found at Medical Inspections during 1929 (Table II., Section A.), number of children found to require treatment (Table II., Section B.), whilst Group IV. of Table IV. shows the dental defects found and Group V. of Table IV. relates to uncleanliness and verminous conditions.

(*a*) **Uncleanliness.** During the year 135,565 inspections and re-inspections for this condition were made. Of the above number 57 210 were boys and 78,355 were girls. The number of boys found to be verminous was 843 or 1·47%, whilst the number of girls found to be verminous was 7,094 or 9·05%. The number of individual children found to be verminous during the year was 1,595 but this figure does not include children who were found to have one or two nits on one occasion only. Of this figure 156 or

0·27% were boys and 1,439 or 1·83% were girls, compared with 0·1% of boys and 1·0% of girls last year, which denotes a decided falling off in [redacted]cleanliness.

(*b*) **Minor Ailments.** Detailed returns of the incidence of defects found are set out under their respective headings in Table II. Table IV, Group I., shows a total of 6,429 minor ailments treated. Of these, 5,684 were treated under the Authority's scheme and 745 otherwise ; an increase of 979 over the number of minor ailments treated in 1928.

The following clinics are provided for the treatment of Minor Ailments :—

Minor Ailment Clinics.	*Attended by M.O. and Nurse.*	*Attended by Nurse only.*
Alfreton	1st & 3rd Tuesdays (a.m.)	Daily.
Belper	1st Thursdays (a.m.) ...	,,
Long Eaton ...	Fridays (a.m.) ...	,,
Ripley	2nd & 4th Tuesdays(p.m.)	1st & 3rd Tuesdays (p.m.)
Shirebrook ...	Wednesdays (p.m.) ...	Daily.
Swadlincote ...	1st Mondays (p.m.) ...	2nd 3rd & 4th Mondays (p.m.)
Dronfield ...	2nd Mondays (a.m.) ...	1st, 3rd & 4th Mondays (a m.)
Heanor ...	1st Thursdays (a.m.) ...	Tuesdays & Thursdays (a.m.)

(*c*) **Tonsils and Adenoids.** The number of children found in the course of Medical Inspection to require treatment for these conditions was 4,108 while 1,584 were found to require observation. Of the number requiring treatment 1,716 were treated under the County scheme, an increase of 250 over the figure for last year.

The increase in the number treated is largely due to the facilities for treatment afforded by the addition of an operation clinic at Alfreton.

School Clinics for the examination and treatment of diseases of the Ear, Nose and Throat are established at the following centres :—

Clinic.	*Operation.*	*Examination.*
Alfreton	2nd Friday	1st Friday bi-monthly.
Ashbourne ...	3rd Friday bi-monthly ...	1st Monday bi-monthly.
Belper	—	1st Thursday.
Clay Cross ...	—	3rd Friday bi-monthly.
Clown	—	As required.
Chesterfield ...	2nd, 3rd, 4th Tuesdays	2nd & 4th Mondays.
Chinley ...	1st Tuesday ...	3rd Thursday.
Derby	Wednesday	1st Monday bi-monthly.
Long Eaton ...	—	1st Friday bi-monthly.
Matlock	—	3rd Monday bi-monthly.
Shirebrook ...	4th Friday	2nd Thursday.
Swadlincote ...	—	4th Friday.
Heanor ...	—	3rd Monday bi-monthly.

(*d*) **Tuberculosis.** In the course of School Medical Inspection, cases of tuberculosis or suspected tuberculosis amongst children are referred to the Tuberculosis Department, where the necessary treatment is carried out.

Pulmonary	1929	1928
Definite	29	26
Suspected	128	100

Non-Pulmonary.	1929	1928
Glands	69	82
Spine	3	12
Hip	4	6
Other Bones and Joints	12	9
Skin	3	3
Other forms	21	14

(*e*) **Skin Diseases.**

Ringworm of the Body. 15 children at Routine Medical Inspections and 55 otherwise were found to be affected with this condition, making a total of 70 as compared with 52 children last year. Of the 70 cases discovered 69 were treated at the school clinics and 1 received treatment elsewhere.

Ringworm of the Scalp. During the year 32 cases of ringworm of the scalp were found at Routine Medical Inspection, and 269 otherwise, making a total of 301 children discovered to be suffering from this disease as compared with 227 last year. 274 of the 301 were treated under the Authority's scheme and 27 otherwise. An increase is therefore apparent in the number of cases in both Head and Body ringworm, particularly the latter, as compared with last year.

An outbreak affecting 11 school children occurred in one of the rural areas, which, on investigation, was found to have originated from cattle.

The Education Committee has two centres of its own for X-ray treatment of ringworm, one being at the County Offices, Derby, the other at the County Council Clinic at Chesterfield. The Derby Clinic is under the direct clinical charge of the Deputy County S.M.O. who has the advantage of the services of Dr. Alan Laurie, Hon. Consulting Radiologist and Electrologist to the County Council. The Chesterfield X-ray Clinic is under the clinical charge of Dr. Burke. The work done at these clinics during the year is as follows :—

Derby.

Total number of attendances	45
No. of ringworm cases treated satisfactorily by X-rays	40
No. referred to own Doctor as scalp was not in a fit condition for X-ray treatment ...	3
No. treated by other means	2

CHESTERFIELD.

Total number of cases	60
No. of cases scalp ringworm	50
,, ,, other skin diseases ...	10

Treated by X-rays.

No. of cases scalp ringworm	31
Satisfactory results	28
Unsatisfactory epilation	3

Treatment by means other than X-rays.

Scalp ringworm	10
Other skin diseases	10

Consultations	9

203 cases of ringworm were also treated by other means than X-rays at the various Minor Ailment Clinics in the County.

Scabies. The incidence of this condition remains comparatively stationary, 34 cases having occurred during the year compared with 29 cases last year, 25 being treated under the Authorities' scheme, and 9 otherwise.

Impetigo. This condition continues to be predominant amongst the minor ailments requiring treatment and to be one of the chief causes of absenteeism. This year shows a still further increase in the number of cases, 1,468 having been reported, as against 1,253 last year.

This is largely due to a somewhat serious outbreak which occurred at Poolsbrook, necessitating the establishment of a temporary Minor Ailment Clinic at Poolsbrook Council School.

There was also a small outbreak at Barrow-on-Trent school.

Other Skin Diseases. A total of 328 cases was reported, 284 being treated at the various school clinics and 44 otherwise.

(*f*) **External Eye Disease.** Under this heading are included Blepharitis, Conjunctivitis, Keratitis and Corneal Opacities. During the course of Medical Inspections 284 cases were discovered. Of these 228 were referred for treatment. Of the total number of cases 138 were found to be suffering from Blepharitis. Simple cases are treated at the Minor Ailment Clinics, the more serious cases being referred to the Ophthalmic Surgeon. A considerable number of such cases are referred to the Minor Ailment Clinics by the Teachers, Health Visitors, and Attendance Officers. During the year 610 cases were treated under the Authorities' scheme and 90 otherwise.

(*g*) **Vision.** In the course of routine Medical Inspection, 1,824 children were discovered to be suffering from defective vision excluding squint, of which number 1,568 required treatment. The number referred to the Ophthalmic Surgeon from all sources for defective vision including squint was 2,269, of which number 2,101 were treated under the Authorities' scheme.

The Statistical details of the work of the Ophthalmic Department are given in the following Table; other statistics are given in Tables III. and IV. at the end of this report.

The figures set out immediately below call for little comment, showing as they do little absolute or relative change from those of the years immediately preceding. The only marked feature is the drop in the proportion of hypermetropes, with a corresponding diminution in the number of convergent squints.

I do not think that this is of any significance, and expect next year's report will show these figures at more normal levels. It would be a matter of real congratulation to find that the ratio number of Squints, divided by number of Hypermetropes, was diminishing; but of this there is as yet no appreciable sign.

Clinic.	New Cases.		Old Cases.		Total.
	Refraction.	Treatment.	Refraction.	Treatment.	
Mr. T. E. A. Carr.					
Alfreton ...	266	13	56	1	336
Belper ...	102	5	6	—	113
Beighton ...	12	—	—	—	12
Bolsover ...	14	2	—	—	16
Chesterfield ...	459	40	139	54	692
Chinley ...	200	11	39	7	257
Clowne ...	13	—	—	—	13
Derby ...	400	48	195	106	749
Heanor ...	119	4	13	1	137
Long Eaton ...	106	—	4	—	110
Matlock ...	107	—	2	—	109
Shirebrook ...	12	—	—	—	12
Swadlincote ...	169	4	24	—	197
Wirksworth ...	22	4	—	—	26
	2001	131	478	169	2779
Dr. E. W. Morris.					
Bolsover ...	10	2	12	1	25
Beighton ...	17	—	12	—	29
Clowne ...	32	1	19	1	53
Dronfield ...	34	2	23	2	61
Eckington ...	33	2	32	2	69
Shirebrook ...	79	7	69	23	178
	205	14	167	29	415
				Grand Total	3194

Summary of conditions found:—

No abnormality	159
Hypermetropia and hypermetropic astigmatism	1201
Myopia, myopic astigmatism and mixed astigmatism ...	621
Disturbances of muscle balance:—	
Squint, convergent	369
,, divergent	21
Other disturbances of balance	14
Affections of the lids:—	
Blepharitis	58
Other affections of the lids	11
Affections of the Conjunctiva	33
Affections of the Cornea—Corneal Ulcers	15
Keratitis	10
Corneal Opacities	46
Other affections of the Cornea	1
,, ,, Lachrymal apparatus	5
,, ,, Iris	13
,, ,, Lens	28
,, ,, Fundus oculi	36
Other affections of the eye	33
Affections of the central nervous system	30
Symptoms due to non-ocular disease	1
Examinations incomplete	43

(*h*) **Ear Diseases.** At the routine and special examinations 258 children were found to be suffering from discharging ears, 192 from defective hearing, and 103 from other ear diseases.

Statistical details of the work of the Ear, Nose and Throat Department have been tabulated as follows:—

EAR, NOSE AND THROAT CLINICS.

CLASSIFIED LIST OF CASES TREATED.

Defect or Disease.	Derby and Chinley Area.	Chesterfield Area.
I. EAR.		
A. *External.*		
Furunculosis	10	20
Foreign Body	5	10
Impetigo	40	60
Wax	200	400
Keratosis Obturans	50	50
B. *Middle Ear.*		
Ac. Supp. Otitis Media ...	5	5
Chronic	60	30
Tubercular Otitis	4	6
* *Sequelæ of C.O.M.S.*		
Granulations and Polypi ...	20	40
Mastoiditis	4	2
Middle Ear Catarrh.	40	50
C. *Internal Ear.*		
Congenital (Deaf & Dumb)	4	6
Acquired Deafness	10	12
II. NOSE.		
A. *External.*		
Furunculosis	4	6
Impetigo	20	30
B. *Nasal Cavities.*		
Deviated Septum	250	340
Enlarged Turbinates ...	200	300
Vaso-motor Rhinitis	20	40
Atrophic Rhinitis	10	5
Epistaxis	30	20
Nasal neuroses	30	40
Nasal Polypi	5	5
Nasal Diphtheria	10	10
Foreign Body	2	2
C. *Accessory Nasal Sinuses.*		
Ethmoidal Suppuration ...	2	2
Ethmoidal Catarrh ...	20	40
Antral Suppuration	2	1
Frontal sinuses Suppuration ...	1	—
III. NASO-PHARYNX.		
Adenoid only	20	10
Posterior ends Inf. Turb. ...	10	20
Chronic naso-pharyngeal Catarrh	30	50
Keratosis Pharyngis	4	5
IV. ORO-PHARYNX.		
Hypertrophy of faucial tonsil and adenoids	1250	1050
Acute Tonsillitis	30	60
Diphtheria	5	8
Bifid Uvula	5	10
Palatal Paralysis	2	2

* C.O.M.S.—Chronic discharge from the middle ear.

Defect or Disease.	Derby and Chinley Area.	Chesterfield Area
V. LARYNX.		
Acute Catarrhal Laryngitis ...	5	10
Chronic Catarrhal Laryngitis ...	20	30
Tubercular Laryngitis	2	2
Laryngeal Paralysis	1	2
MISCELLANEOUS & ASSOCIATED CONDITIONS.		
Tuberculosis	20	25
Cleft palate	4	4
Chorea	40	50
Rheumatism	30	60
Albuminuria	10	20
Mongolism	2	5
Cretinism	5	5
Heart conditions	40	30
Bronchiectasis	5	2
Bronchitis	120	200
Cervical adenitis	80	160
Eye Conditions	20	18
Mental Deficiency	10	10
Other Conditions	10	20

CASES EXAMINED.

Area.	New Cases.	Old Cases.	Re-Examinations
Derby Area	1201	630	726
Chesterfield Area ...	1300	706	620
Total ...	2501	1336	1346

Total Number of Cases seen ... 5183

OPERATIONS PERFORMED.

Nature of Operation.	Derby Area.	Chest'r-field Area.	Shire-brook Area.	Chinley Area.	Ash-bourne Area.	Alfre-ton Area.
Enlarged Tonsils and Adenoids ...	638	520	124	135	96	154
Adenoids	15	12	2	5	—	—
Turbinectomy	2	2	—	—	—	—
Nasal and Aural Polypi	3	6	—	—	—	—
Miscellaneous	2	—	—	—	—	—
Totals ...	660	540	126	140	96	154

Total No. of Operations ... 1,716.

RESULTS OF OPERATIONS

Defect.	Discharged and Cured.	Improved.	No Change.	Refused Operation or Operation done elsewhere
Enlarged Tonsils and Adenoids causing obstruction	950	30	10	50
Tonsils and Adenoids for O.M.S. ...	80	20	5	—
,, ,, ,, C.C.O.M.	40	10	5	—
,, ,, for reflex conditions	126	20	10	—
,, ,, for general conditions	340	60	10	—
Post operative complications—				
Secondary Hæmorrhage 6				
Pneumonia 3				
Mastoiditis 2				
Acidosis 12				
Empyema 1				
Total	1536	140	40	50

(*i*) **Dental Defects.** 4,351 children were found by the Assistant School Medical Officers to have four or more carious teeth requiring treatment, whilst 265 children required observation. Of the 24,526 children inspected by the dental staff 22,240 required treatment. 10,529 were actually treated and 3,225 re-treated, as compared with 9,182 treated and 2,401 re-treated last year.

During 1929, 24,526 children were inspected, and 10,529 treated for the first time. This is an increase on last year's figures of 4,584 inspected and 1,347 treated.

The total attendances of children for treatment has increased by 1,632 for this year, which is 6,916 attendances more than those reported in my Annual Report of 1927.

There is a small decrease in the number of sessions devoted to inspection and treatment, due to the resignation of one and the illness of another member of the staff. The conservative treatment carried out during the year is especially worthy of mention. This important branch of dental treatment is maintaining a high standard in this County.

In my report of last year I referred to the monthly rendering of a report showing the number of children made dentally fit, and pointed out the great importance of this figure. Its importance is more apparent when compared with the number of school entrants. It is generally estimated that one-ninth of the school population are entrants. In this County, one-ninth of the school population is approximately 8,400. It is interesting to note that during the year 8,362 children were made dentally fit. This indicates that at some time during its school life every child could, with the staff available, be made dentally fit. However, those made dentally fit will still require following up, and will possibly require treatment at a future date, and with the increased staff which will be available early in 1930 I hope the following up and re-treatment work may be adequately met.

During 1929, special dental educational work was carried out during Health Week. Dental Films were shewn to over 40,000 children at cinemas throughout the County and to a large number of the children present Mr. H. P. Sutcliffe, the Senior Dental Officer, was able to give addresses. Following these addresses there was an appreciable increase in the number of children accepting treatment.

Last year's Report contained extracts from an article on irregularities of the teeth and their treatment. The question of orthodontics, *i.e.*, dental irregularities, is undoubtedly an important branch of school dentistry. I accordingly invited an Inquiry into the number of children suffering from orthodontic defects, and the report of Mr. Lewis on this subject revealed the following facts :—

" Of 2,000 children between the ages of 2 and 14 years examined at the clinics, 652 were found to have irregularity of the teeth and jaws. The most common form of irregularity was prominence of the upper front teeth with normal alignment of the jaw. 507 of the cases came in this group. A second group was irregularity or prominence of the front teeth associated with receding lower jaw, in which group there were 98 cases. Another group consisted of cases of protruding lower jaw, of which there were 36 cases. It was found that over half the cases were associated with nasal obstruction. It was, however, surprising to find that dental irregularity was twice as common in children who were breast-fed as nfants as in children who were bottle-fed.

The results are tabulated below, distinguishing boys from girls :—

Total number of cases examined.		*Number of cases with irregularities of teeth and jaws.*		*Normal alignment of jaws. No. of cases with irregular or prominent front teeth.*		*Receding lower jaws. No. of cases with irregular or prominent front teeth.*		*Cases with protruding lower jaw.*	
Boys.	*Girls.*	*Boys.*	*Girls.*	*Boys.*	*Girls.*	*Boys.*	*Girls.*	*Boys.*	*Girls.*
944	1,056	283	369	218	289	43	55	15	21
2,000		652		507		98		36	

Nasal Obstruction. No. of cases with defects of jaws and teeth affected by it.		*Method of Infant Feeding. Breast fed and Bottle fed.*	
Boys.	*Girls.*	*Breast fed.*	*Bottle fed.*
159	240	318	147
399			

CRIPPLING DEFECTS.

The Orthopædic Scheme, consisting of the Central Orthopædic Hospital at Bretby and 10 Clinics situated at—

Alfreton.	Derby.
Bakewell.	Heanor.
Belper.	Long Eaton.
Chesterfield.	Shirebrook.
Chinley.	Swadlincote.

was fully described in last year's Report. The extension of Bretby Orthopædic Hospital by the addition of a 50-bed open-air block, which it was anticipated would be completed by the end of the summer of 1929, was, I regret to say, still insufficiently advanced for the admission of patients at the end of the year, so that the number of beds at Bretby throughout 1929 was 63—55 for cases suffering from Surgical Tuberculosis, and 8 for Crippling Defects of a non-tubercular character. Patients were, however, admitted to the new block in January of 1930, and at the time of writing this Report there are 113 beds—55 being for cases of Surgical Tuberculosis and 58 for non-tubercular Orthopædic cases.

During the year an additional teacher was appointed, making a teaching staff of two teachers at Bretby.

CRIPPLES.

TABLE B.

	School Age. Boys.		School Age. Girls.		Total.	Under Sch. Age.		Total.	Full Total.
	Attending Clinic or County Inst.	Attending other Institutions	Att'g Sch. Clinic or County Inst.	Attending other Institutions		Boys.	Girls.		
Tuberculosis—									
Ankle	—	—	—	—	—	—	1	1	1
Spine	39	3	35	—	77	4	3	7	84
Hip	31	2	31	—	64	3	—	3	67
Knee	29	—	10	—	39	—	—	—	39
Foot	7	—	2	—	9	—	—	—	9
Elbow	3	—	3	—	6	—	—	—	6
Hand	5	—	5	—	10	—	—	—	10
Paralyses—									
Poliomyelitis ...	118	19	99	11	247	6	10	16	263
Spastic	41	8	41	3	93	3	3	6	99
Pseudo Hypertrophic ...	14	3	—	—	17	—	—	—	17
Rickets—									
Scoliosis	29	10	65	3	107	—	—	—	107
Kyphosis ...	12	—	11	1	24	—	—	—	24
Torticollis ...	10	—	9	3	22	—	—	—	22
Bow legs, Knock-Knees, etc. ...	45	4	34	3	86	23	19	42	128
Congenital Defects	35	9	51	13	108	12	13	25	133
Injuries	14	6	12	3	35	5	2	7	42
Others	18	9	19	3	49	6	8	14	63

NUMBER OF CHILDREN OF SCHOOL AGE (5-16) IN HOSPITAL DURING THE YEAR 1929.

	Non T.B. Cases.	*Non. Pul. T.B. Cases.*
Children in hospital on January 1st, 1929 ...	9	37
Admitted during 1929	22	16
Discharged during 1929 ...	15	14

VACCINATION.

In view of the continued prevalence of Smallpox during the year, I again give the following Table shewing the vaccinal conditions of

the children examined at medical inspection. This again shows the enormous number of unvaccinated school children in the County :—

TABLE C.

Division and District.	Number Examined.	Number Vaccinated	Unvaccinated.	
			Number	Percentage
NORTH-EAST DERBYSHIRE.				
Chesterfield Rural	6,034	1,450	4,584	75·9
Blackwell Rural	3,278	864	2,414	73·6
Clowne Rural	990	349	641	64·7
Norton Rural	214	137	77	35·9
Bolsover Urban...	301	73	228	75·7
Brampton & Walton Urban ...	157	32	125	79·6
Clay Cross Urban	811	134	677	83·4
Dronfield Urban	190	54	136	71·5
Alfreton Urban	1,701	263	1,438	84·5
Heanor Urban	1,089	359	730	67·0
Ripley Urban	921	174	747	81·1
Total ...	15,686	3,889	11,797	75·1
WEST DERBYSHIRE.				
Bakewell Rural	1,887	425	1,462	77·4
Bakewell Urban	155	68	87	56·1
Baslow Urban	36	10	26	72·2
Bonsall Urban	138	10	128	92·7
Matlocks Urban, The	713	80	633	88·7
North Darley Urban	413	36	377	91·2
South Darley Urban	84	15	69	82·1
Ashbourne Rural	336	122	214	63·7
Ashbourne Urban	208	88	120	57·6
Chapel-en-le-Frith-Rural ...	1,787	520	1,267	70·9
Repton Rural	585	245	340	58·1
Total ...	6,342	1,619	4,723	74·4
SOUTH-EAST DERBYSHIRE.				
Basford Rural	76	26	50	65·7
Belper Rural	1,764	404	1,360	77·0
Belper Urban	712	143	569	79·9
Heage Urban	345	71	274	79·4
Wirksworth Urban	219	38	181	82·6
Shardlow Rural	1,737	329	1,408	81·0
Long Eaton Urban	1,597	245	1,352	84·6
Alvaston &Boulton Urban ...	204	45	159	77·9
Total ...	6,654	1,301	5,353	80·4
NORTH DERBYSHIRE.				
Hayfield Rural	236	52	184	77·9
Glossop Rural	188	38	150	79·7
New Mills Urban	665	199	466	70·0
Total ...	1,089	289	800	73·4
SOUTH DERBYSHIRE.				
Hartshorn &Seals Rural ...	854	221	633	74·1
Swadlincote Urban	1,045	179	866	82·8
Total ...	1,899	400	1,499	78·9
THE WHOLE COUNTY ...	31,670	7,498	24,172	76 3

OTHER WORK BY THE ASSISTANT SCHOOL MEDICAL OFFICERS.

Prevention of Spread of Infectious Diseases. Inter-notification between the teachers, local Medical Officers of Health and the Central Office has made it possible to keep a close watch on the occurrence of infectious diseases in the schools. The Assistant School Medical Officers investigate, in co-operation with the local Medical Officers of Health, and give advice to the teachers, and, where necessary, exclude children to prevent the spread of infection. During the year many such investigations were carried out, and the following Table shows the number of children examined for this purpose :—

No. of children examined for	
Diphtheria	640
Smallpox	4,654
Scarlet Fever	1,303
Other Diseases	64
Total	6,661

Special Visits to Schools. It has been found necessary from time to time to ask the Assistant School Medical Officers to visit schools to make investigations quite apart from the usual routine medical inspections and investigations into infectious diseases. The following Table shows the reasons for which such special investigations were made and the number of children examined :—

Impetigo	10
Mental Tests	147
Special defects	81
Camping party examined	23
	261

Other Visits. During the year 486 home visits have been made. 24 visits have also been made on behalf of the Blind Persons Act Committee.

EXCLUSIONS FROM SCHOOL.

The number of temporary exclusions of individual children during the year is given in the following Table :—

TABLE D.

CHILDREN TEMPORARILY EXCLUDED FROM SCHOOL ON MEDICAL GROUNDS.

(Excluding Verminous conditions).

Tuberculous Conditions	... ...	140	
Pre-Tuberculous Conditions	...	6	
Skin Diseases.			
Eczema	... ...	2	
Impetigo	... ...	17	
Other Skin Disease	...	6	
Ringworm	... ...	68	
Scabies	... ...	14	
Infective Diseases.			
Chicken Pox	... ...	15	
Diphtheria	... ...	64	
Influenza	... ...	8	
Measles	... ...	2	
Mumps	... ...	6	
Scarlet Fever	... ...	576	
„ „ Contacts	...	16	
Smallpox	... ...	41	
Tonsilitis	... ...	27	
Typhoid Fever	... ...	2	
Whooping Cough	... ...	6	
Eye Diseases.			
Blepharitis	... ...	4	
Choroiditis	... ...	2	
Conjunctivitis	... ...	19	
Corneal Ulcer	... ...	6	
Keratitis	... ...	5	
Myopia	... ...	1	
Nystagmus	... ...	1	
Opthalmia	... ...	1	
Squint	... ...	15	
Debility.	... ...	103	
Nervous Diseases.	...		
Asthma	... ...	5	
Chorea	... ...	23	
Blood and Heart Diseases.			
Anæmia	... ...	28	
Heart Disease	... ...	7	
Other Diseases.			
Adenitis	... ...	15	
Bronchitis	... ...	62	
Epilepsy	... ...	6	
Glands	... ...	6	
Orthopædic conditions	... ...	30	
Other conditions	... ...	46	
Otitis Media	... ...	4	
Pyrexia	... ...	9	
Rheumatism	... ...	7	
Sinusitis	... ...	5	
Tonsil and Adenoid Operations		1716	
Total	...	3142	

The number of children permanently excluded from school during the year is shown in Table E. No child is permanently excluded from school until full particulars of the case have been placed before the Education Committee.

TABLE E.

PERMANENT EXCLUSIONS,

	1929.
Eye Diseases.	
Defective Eyesight	1
Nystagmus	1
Nervous and Mental Diseases	
Epilepsy	2
Imbeciles	1
Mental Deficiency	1
Other Diseases	
Heart Disease	3
Hydrocephalus	1
Total	10

SCHOOL CLOSURE.

The number of schools closed during the year on account of infectious disease is given in Table F. It will be seen that there is a slight decrease in the number closed as compared with that of last year. Two schools were closed by the School Medical Officer and 12 by the Local Sanitary Authority, compared with a total of 19 schools closed during 1928. It must not be lost sight of that in exceptional cases only is it necessary to close a school in the interests of public health.

TABLE F.

SCHOOL CLOSURE.

TABLE XVII.

Year	No. of Schools or Departments closed.	No. Closed by School Med. Officer.	No. Closed by Sanitary Authority.	REASON FOR CLOSURE.							
				Influenza.	Measles.	Whooping Cough.	Chicken Pox.	Scarlet Fever.	Diphtheria.	Mumps.	Other Causes.
1918	463	153	310	394	25	20	9	5	5	3	2
1919	70	28	42	28	32	1	1	2	4	1	1
1920	60	24	36	1	44	1	—	3	10	—	1
1921	59	19	40	39	2	7	—	4	6	1	—
1922	44	27	17	11	22	5	1	2	—	—	3
1923	42	23	19	2	21	6	1	5	—	2	5
1924	32	14	18	3	17	2	1	2	1	1	5
1925	52	10	42	11	33	6	—	—	1	1	—
1926	14	1	13	—	8	3	—	2	1	—	—
1927	128	16	112	100	14	2	1	1	1	2	7
1928	19	3	16	—	15	1	—	2	1	—	—
1929	14	2	12	7	1	1	—	3	1	—	1

FOLLOWING UP.

All defects found at Routine Medical Inspection requiring treatment are entered in the School Medical Log Book, and the parents are notified that treatment is necessary. If the necessary treatment is not carried out within a reasonable time, a second notice is sent, and failing satisfactory action on the part of the parents, the Health Visitor visits the home. Should the Health Visitor fail to persuade the parents to obtain treatment, the matter is referred to the School Managers, and in a few cases to the N.S.P.C.C.

11,734 visits were made by Health Visitors in this connection. During the year, 212 communications were sent to the School Managers, and replies received in 114 cases to the effect that 35 of the children had received treatment from hospital or from a private practitioner, 23 were induced to seek clinic treatment, 46 persisted in their refusal to submit to treatment, 6 had left school, and in 4 cases poverty was given as the reason for no attempt being made to obtain suitable treatment.

From the records contained in the School Medical Log Books, it was found that 1,437 children had either received hospital treatment or been under the care of a private practitioner, in addition to the 20,173 children who had received treatment under the Local Authority's scheme.

PROVISION OF MEALS.

No meals were provided during 1929.

PHYSICAL TRAINING.

The Report of Mr. Hobson, the Organiser of the Physical Training for the year 1929, is as follows :—

A feeling of confidence in the sympathetic and active support of the teachers predominates as the Organiser reviews the work of the year 1929. Whether assistance has been requested for work within the school curriculum or in connection with voluntary associations, it has always been given most willingly.

This support has been the main factor in producing definite progress in every branch of the physical training in the schools and in accomplishing a considerable extension of the work of the voluntary organisations which exist to promote the physical well-being of school children.

Physical Exercises. All classes from Standard I. upward receive a minimum of one hour's instruction in physical training each week, the hour being distributed over three lessons of twenty minutes each. In a few schools the number of lessons is increased to four, or even five, each of twenty minutes duration.

In the Infant Schools, provision is usually made for a short lesson of from 10 to 15 minutes every morning, and a games lesson of 15 minutes every afternoon.

The physical exercise lesson for the upper classes is divided into two sections of approximately 10 minutes each—the more formal exercises and the freer general activity movements.

(*a*) *Formal Exercises.* This section of the lesson continues to show the best results. Successful effort is being made to secure precision and completeness of movement, good posture and quick response. Though perfection lies a long way ahead, a good standard is being obtained, and the lessons are being infused with life and enjoyment.

Preparation has received more care and thought, and the lessons have been adapted more suitably to the varying climatic conditions.

(*b*) *General Activities.* Team or Group Work is generally employed in this section of the lesson. Since Special Demonstrations were given during the summer months, a great improvement has been noticed in this work, but there is still need of widening the range of the activities and of placing more control in the hands of the Team or Group Leaders.

Playgrounds. There has been a steady increase in the number of playgrounds asphalted during the year, but there still remains a very large number of playgrounds which are wholly unfit for physical training : being excessively dusty during dry weather, or very muddy during wet weather. In both cases large quantities of dirt are carried into the school on the clothes or boots, and this tends to unhygienic conditions within the school building.

Organised Games. There are now few schools which do not make provision for a weekly lesson in organised games. The length of the lesson varies from 30 minutes in the lower classes to one hour for the senior classes. The games are taken in the field, whenever possible, and in the playgrounds when the field is unfit. In some cases a dancing lesson is substituted for the girls when they are unable to go on the field.

The games lessons always provide an abundance of vigorous movement for all the scholars, and in many cases definite training in skill, tactics and sportsmanship is being given by the use of a progressive scheme of games and athletics. Some schools, however, have yet to be weaned from the habit of adhering to football and cricket only.

Miss Hyden reports that "marked progress is visible in the organised games of the girls Teachers now have a wider knowledge of preparatory games, and are realising their value as stepping stones to the more highly organised games. The standard of play in net ball, stool ball, etc., is also considerably higher."

Playing Fields. There has been a slight increase in the number of playing fields for schools. The following table shows the progress which has been made in the provision of playing field accommodation during the past six years :—

	Owned by the L.E.A.	*Rented by the L.E.A.*	*Public Recreation Grounds, etc.*	*No of Depts. using the fields.*
1924 ...	8	43	122	245
1925 ...	12	55	117	254
1926 ...	14	67	118	269
1927 ...	17	82	129	303
1928 ...	20	96	130	321
1929 ...	22	102	130	328

Special Demonstrations. Special Demonstrations of Physical Exercises, General Activities, Dancing and Games by Infants, Senior Girls and Senior Boys have been organised in 24 centres by the Physical Training Staff. Owing to various difficulties, the demonstration for the schools in the vicinity of Derby had to be postponed till 1930. The one direction in which special demonstrations have an advantage over the intensive courses for teachers is that whereas only the teachers with special interest in physical training attend the courses, *all* the teachers attend the demonstrations. Consequently, the work of the whole of the schools in the county may be stimulated within a very short period.

Routine visits made since these demonstrations were given have convinced the Organiser that they achieved the object for which they were arranged.

Swimming. For some years now it has been a pleasure to report an increase in the number of baths used for organised swimming instruction. During the past year, however, the use of one bath—at Matlock Bath—has been discontinued owing to poor results and high costs.

The following tables show the progress that has been made during the past three years.

TABLE I.

(Showing attendances made during the short swimming season of 16 weeks).

Year.	*No. of Schools using the Baths.*	*No. of Pupils. Boys.*	*Girls.*	*Totals.*	*No. of Attendances. Boys.*	*Girls.*	*Total Attendances*
1927 ...	80	2,906	2,312	5,218	30,193	24,235	54,428
1928 ...	97	2,997	2,613	5,610	32,414	26,730	59,144
1929 ...	95	2,886	2,479	5,365	33,135	27,880	61,015

It will be seen from this table that whereas the number of pupils shows a decrease as from the year 1928, the attendances show an increase. No doubt the warmer weather of the past summer encouraged more regular attendance at the baths. Of the 5,365 pupils, 1,256 were able to swim at the beginning of the season, and 4,109 were non-swimmers.

The figures for the years 1927 and 1928 include those of the Secondary Schools. Those for 1929 are for elementary schools only.

TABLE II.

(Showing the number of children who learned to swim during the season and the number of certificates gained.

	1927.			1928.			1929.		
	Boys.	*Girls.*	*Totals.*	*Boys.*	*Girls.*	*Totals.*	*Boys.*	*Girls.*	*Totals.*
No. of Learners ...	1,020	771	1,791	930	819	1,749	899	797	1,696
3rd Class Certificates ...	668	412	1,080	661	463	1,124	603	544	1,147
2nd ,, ,, ...	359	183	542	321	198	519	333	259	592
1st ,, ,, ...	225	91	316	192	106	298	219	155	374
Endorsements for ¼ Mile or more	68	19	87	53	25	78	79	79	158
R.L.S.S. Awards	48	41	89	46	10	56	36	21	57

Though in actual figures the number of children who learned to swim is less than the 1928 figure, the percentage result is somewhat higher, being 41.2 as against 39 for the year 1928.

The total number of Proficiency Certificates (1st, 2nd and 3rd Class) awarded has risen by 272, while the endorsements for distances of ¼ mile (or more) have increased by 90.

The average cost of teaching a child to swim has been 9s. 7d. This figure is arrived at by dividing the total cost of swimming instruction for the season (£812 13s. 4d.) by the number of children who learned to swim, no regard being had to the cost incurred for the instruction of the pupils who could swim at the beginning of the season and who progressed in ability during the season.

Such results at so low a cost reflect the utmost credit upon the teachers and specialist instructors (8 men and 9 women) who have had charge of the classes at the baths. The maximum number of lessons for each child is 16, and many of the children have little or no opportunity of private practice between lessons, as they live at such great distances—2 to 5 miles—from the baths.

TABLE III.

(Showing results which have been reported from four Secondary Schools).

	No. of Learners.	*3rd Class Cert.*	*2nd Class.*	*1st Class.*	*Endorsements.*
Boys ...	99	77	56	39	35
Girls ...	—	56	24	16	4
Totals ...	99	133	80	55	39

The tests for the Swimming Proficiency Certificates have been conducted by members of the local schools' swimming associations where they existed. The Organiser has been notified of the date and time of the tests, and has attended at a number of the baths during the examinations. No teacher has taken any part whatsoever in testing the pupils of his or her own school, and a consistently high standard has been demanded. The Organiser takes this opportunity of recording his deep gratitude to the members of the various associations for their valuable assistance and for the efficient manner in which they have conducted the tests.

Teachers' Classes. Three courses in Physical Training for Women Teachers have been conducted by Miss Hyden during the year. Each course has consisted of a series of 10 lessons of 90 minutes. In following up the work of these courses, Miss Hyden has noticed much improvement in the work of the teachers who attended the classes.

The numbers enrolled and the percentage of attendance at each of the courses was as follows :—

Centre.	*No. enrolled.*	*Attendances.*
Ilkeston ...	36	64%
Derby ...	32	78%
Swadlincote ...	33	77%

Camps. The L.E.A. has again offered assistance to needy children to enable them to attend school and holiday camps during the past year. 412 boys and 314 girls availed themselves of this assistance. All these children provided what, in the opinion of their respective Head Teachers, was their maximum possible contribution towards the cost of a week in camp and the railway fare.

Voluntary Organisations.

1. The Derbyshire Schools' Camping Association continues to extend its activities. During the year several long-desired aims have matured, viz. : (1) The organisation of a large camp by the sea ; (2) The holding of a large girls' camp ; and (3) the inauguration of a Teachers' Camp.

The three camps formed one large composite camp at Saltfleetby-St. Clements, on the Lincolnshire coast.

The following particulars extracted from the Association's report for 1929 are of interest :—

" The periods of camp were—

1st week (2nd—9th Aug.). 143 boys, 156 girls.

2nd week (9th—16th Aug.). 117 boys, 127 girls, 18 teachers.

3rd week (16th—23rd Aug.). 129 boys."

The North Wingfield Girls' School held their 3rd Annual Camp at Hope, in North Derbyshire, for one week in June. Twenty girls of the senior class of the school attended the camp.

The Ripley St. John's School organised a School Journey to Llanfairfechan, North Wales, for the week of the Whitsuntide vacation. The party consisted of 23 boys, 11 girls, and 4 teachers.

2. The English Folk Dance Society (Derbyshire Branch) is extending its influence in the County. Four new Centres, at Brampton (Chesterfield), Holbrook, Riddings, and Tibshelf, have been formed during the year, and the membership of the branch has increased by 83. A total of 35 courses of instruction in Morris, Sword, and Country Dancing have been organised during the year.

As a large number of teachers attend these courses of instruction, the Derbyshire Branch of the E.F.D.S. is giving valuable help to the teaching of dancing in the schools.

3. The Derbyshire Elementary Schools' Swimming Association came into being early in the year. It has already done good work in forming 11 local schools' swimming associations, in organising a swimming gala of championship races, in securing increased facilities at the baths for children both during and after school hours, and in pressing forward schemes for the provision of swimming baths in areas where at present there are no facilities for swimming.

4. The local sports associations (14) which cater for children's football, cricket, net ball and athletics out of school hours continue to do excellent work for the physical welfare of the school population of Derbyshire.

During the year, owing to the resignation of Miss E. M. Ward, the Physical Training Staff has been reduced to the Chief Organiser and one Assistant Organiser, and although the Ilkeston and Glossop Education Committees have withdrawn from the scheme under which they shared in the services of the Physical Training Staff, the extent of the supervision must to a certain extent be curtailed.

In concluding this Report, the Organiser wishes to express once again his appreciation of the support and help of the Education Committee, the Director of Education, the Assistant Organisers, and the Teachers.

CO-OPERATION OF PARENTS.

All parents are invited to be present at Medical Inspections and during the year 13,273 or 41·9% of parents invited, attended. The attendance of parents at Medical Inspection is encouraged not only on account of the valuable aid which it gives to the School Medical Officer by information received from the parent regarding the child, but because he can give advice as to treatment, etc. direct to the parent, explain his reasons for giving such advice and dispel any doubts which the parent may have. Nothing but good can result from the meetings of School Medical Inspectors and parents, and such meetings have done much to add to the popularity of the service by giving it the necessary personal touch.

CO-OPERATION OF TEACHERS.

As I pointed out in my Report of last year, the School Medical Service owes much to the co-operation of the Teaching Staffs. The various forms of help received from teachers and the other ways and means of co-operation between the Teaching Staff and the School Medical Staff were discussed in the Report of 1925 and 1926.

CO-OPERATION OF SCHOOL ATTENDANCE OFFICERS.

The closest co-operation continues to exist between School Attendance Officers and the School Medical Department, considerable help being given by the former. In bringing cases of prolonged absenteeism due to ill health to the notice of the School Medical Officer, I would again like to thank Mr. Barnes, the chief School Attendance Officer, for the valuable help he has given me and my staff on so many occasions.

CO-OPERATION OF VOLUNTARY BODIES.

We continue to receive very valuable aid from The National Society for the Prevention of Cruelty to Children in bringing forward cases for medical inspection and in seeing that treatment is carried out where the home circumstances are unsatisfactory. The following cases were referred to this Society during the year :—

Children reported to be generally neglected ...	2
Children neglected and requiring medical treatment	2
Children reported to be under-nourished	1
Children reported to be under-clothed	1
Children whose parents refused medical treatment	2
Children reported on account of their verminous condition	3

BLIND, DEAF, DEFECTIVE & EPILEPTIC CHILDREN.

As I have pointed out in previous reports, the lack of institutional accommodation for Mental Defectives and Epileptics in the County is very acute. Of 419 feeble-minded children, only 8 are in Certified Schools or other Institutions, and of 128 Epileptic Children, only 6 are in Certified Institutions.

Of 30 totally blind children, 11 are neither at school nor in an institution. Usually this is on account of the parents refusing to allow the children to leave home, at the same time undertaking to see that their education is attended to at home. In some cases, however, there are other defects apart from blindness, and as is usual in the case of a combined defective, there is great difficulty in finding suitable accommodation.

SECONDARY SCHOOLS.

Inspection of Secondary School Children was carried out as in previous years. The results of medical inspection are set out in Table IIa. at the end of this report. It will be seen that the chief defects are again Defective Vision, Defective Teeth and Enlargement of the Tonsils.

EMPLOYMENT OF CHILDREN & YOUNG PERSONS.

The following Table gives particulars of the medical inspections under the Employment of Children Bye-laws.

No. of Applications.	No. Disallowed.	No. Allowed.	Delivery of Newspapers.	Delivery of Milk.	Assisting to fill Coal Bags.
45	—	45	42	2	1

SURGICAL APPLIANCE FUND.

An annual collection is made each year in December at the various schools in the County and the proceeds distributed amongst the various voluntary hospitals in or near the County or paid into the Fund for the provision of surgical appliances and spectacles for necessitous cases.

For the year 1928-29, £532 16s. 3d. was collected, as compared with £541 1s. 2d. for 1927-8 and distributed as follows :—

	£	s.	d.
Surgical Appliance Fund	225	17	8
Derbyshire Royal Infirmary	95	2	5
Chesterfield Royal Hospital	34	10	2
Derbyshire Children's Hospital	34	10	5
Mansfield & District Hospital	37	15	5
Burton-on-Trent Infirmary	23	15	4
Nottingham Children's Hospital	11	9	8
Miscellaneous (less than £10 each)	69	15	2
	£532	16	3

Surgical instruments and spectacles for school children are also supplied from the above fund. During the year ending March 31st, 1929, the expenditure in this connection was as follows :—

	£	s.	d.
Cost of surgical appliances	192	13	11
Cost of glasses provided	264	6	0
	£456	19	11

With the rapid extension of the Orthopædic department, there has been a very marked increase in the number of surgical appliances provided, and a consequent increase of expenditure on this account, compared with last year's figure, of £88 4s. 4d.

Nature of Surgical Appliances supplied during the year :— Caliper and Shield, Double Irons, Side Irons, Knock-knee Irons, Straight Frames and Saddles, Cock-up Splints, Block Leather Spicas, Back Supports, Leather and Celluloid Collars, Boots raised with cork and Boots tubed and heeled, Artificial Limbs.

TUBERCULOSIS IN SCHOOL CHILDREN.

NOTIFICATION OF TUBERCULOSIS IN SCHOOL CHILDREN

Ages 5 to 15.

The following Table shows the notifications on Forms A and B of School Children, aged 5 to 15, for the years 1920 to 1929 :—

TABLE T. I.

Year.	Form A					Form B.					Total Notifications Ages 5—15
	Pulmonary.		Non-Pulmonary		Total Form A.	Pulmonary.		Non-Pulmonary.		Total Form B.	
	M.	F.	M.	F		M.	F.	M.	F.		
1920	100	108	75	62	345	6	14	3	7	30	375
1921	59	59	58	43	219	1	2	4	2	9	228
1922	42	52	52	28	174	1	4	2	4	11	185
1923	64	59	54	40	217	—	3	1	1	5	222
1924	62	57	80	60	259	3	1	2	3	9	268
1925	68	78	61	30	237	3	4	3	1	11	248
1926	61	43	78	52	234	2	—	—	—	2	236
1927	33	33	75	53	194	4	—	2	—	6	200
1928	31	38	59	59	187	2	1	—	3	6	193
1929	26	32	61	48	167	1	—	—	—	1	168

INSTITUTIONAL TREATMENT OF TUBERCULOUS CHILDREN.

DERBYSHIRE SANATORIUM.

PULMONARY CASES.

	Males.		Females.		Total.	
Children in Sanatorium, 1st January, 1929		10		8		18
Admissions during 1929 :—						
Definitely tuberculosis cases	24		24		48	
Observation cases ...	3	27	4	28	7	55
		37		36		73
Discharged during 1929 :—						
Definitely tuberculosis cases	29		18		47	
Observation cases ...	4	33	3	21	7	54
Children in Sanatorium, 31st December, 1929	4			15		19

Condition of patients on discharge :—

Definitely tuberculous cases.

	Pulmonary.					
	Class T.B. Minus.	Group I	Group II.	Group III.	Abdominal.	Other Organs.
Quiescent	26	1	—	—	—	—
Improved	10	1	3	—	—	1
No material improvement	3	—	1	—	—	—
Died in the Institution ...	—	—	—	—	1	—
Total	39	2	4	—	1	1

Observation Cases :—

Definitely Tuberculosis	3
Non Tuberculosis	2
Doubtfully Tuberculosis	2

BACTERIOLOGICAL EXAMINATIONS.

During the year ending December 31st, 1929, 536 School Specimens were examined in the County Laboratory. Details of these are as follows :—

	Positive.	Negative.
Swabs for Diphtheria	4	125
Hairs for Ringworm	173	148
Eye Smears	4	1
Eye Cultures	4	2
Urine for Albumin	11	44
Miscellaneous	7	13
Totals ...	203	333

SCHOOL NURSING SERVICE.

Below is a summary of the work done by the School Nurses during the year :—

Medical Inspections (Elementary Schools)	31,670	
Medical Inspections (Secondary Schools)	3,852	
		35,522
Verminous Inspections		135,565
Other Inspections		26,228
Visits to Homes following up cases		11,734
Visits to Mentally Deficient Children		1,475
Visits to Blind Persons		3,037
		213,561

EXAMINATION OF PUPIL TEACHER CANDIDATES.

There were 143 intending pupil teachers examined during 1929, 49 boys and 94 girls, with the following results :—

	Boys.	Girls.	
Number accepted	44	92	136
Number deferred for the remedy of various defects	4	—	4
Number rejected	1	2	3
	49	94	143

SPECIAL INVESTIGATIONS.

An Investigation to determine the General Intelligence Level of Peak District School Children. This investigation was carried out by Dr. H. S. Bryan, who reports as follows :—

The Investigation of Intelligence is a subject that has received a good deal of attention in recent years, and is likely to attract even more notice in the near future.

With the problem of Mental Deficiency so much in the public eye, and the possibility of drastic legislation in this connection, the diagnosis of the Mentally Deficient becomes a matter of very serious moment, and the utmost care is required to see both that the method of investigation employed and the ultimate classification are as accurate as modern psychology can make them.

Another point is that, with new and expensive schemes of education afoot, it is important both that the child of considerable possibilities should not be missed, and that the machine of Higher Education should not be clogged by children who cannot keep up without undue strain. If some method could, therefore, be devised which would discover intellectual capabilities, as apart from educational attainments, this would materially help matters.

The scheme for the measurement of Intelligence which is now universally used is the Binet-Simon Scale. This scale was originally produced as a result of experiments on French children. The Stanford Revision adjusted the scale to meet the requirements of American children, and, later still, the London Revision re-adjusted the scale for use amongst London children. But there was no guarantee that either scale would necessarily prove entirely accurate when applied, say, to children in the Peak District. For this reason I decided to try out the Stanford Revision of the Binet-Simon Scale on a hundred normal children in my area. If I found that the city child and the country child re-acted differently to some of the tests, these would have to be modified, placed in a

different age group, or even discarded, and if it were shown that the Intelligence Level of the normal Peak District child was lower than the normal level of the scale, allowances would have to be made for this in estimating the various degrees of Mental Deficiency.

As Intelligence Testing is a lengthy business, I was forced to restrict my investigation to children of one age only, and I chose 8 years old, this being the age at which I usually make my first detailed investigation of a retarded or abnormal child. I gave to each child the same eighteen tests—six from each of the " seven," " eight " and " nine-year-old " age groups.

The children were drawn from thirteen schools of various types in different parts of my district. As far as possible I excluded the dull and the exceptionally bright children, concentrating on those whom the teachers picked out as being the most normal and ordinary. The result will be found tabulated opposite.

I had rather anticipated that the Peak District—being a scattered rural area—would prove to be somewhat subnormal as regards intelligence, but as a matter of fact the Intelligence Quotient for the whole district—worked out by adding the hundred individual quotients together and taking the average—turned out to be 99·4, or only 0·6 below the absolute normal, and it is probable that this figure would have been just over the hundred if I had been able to include the ten-year-old tests in my investigation, as it is quite possible that a few of the children would have secured a plus for some of the tests. This is an interesting conclusion, as it shows, firstly, that Derbyshire children can hold their own for intelligence with children from any other part of the country, or indeed of the world; and, secondly, that the Binet-Simon Scale is an extraordinarily accurate method of estimating intelligence, for while individual quotients varied from 84 to 111, the average quotient is almost as near the normal as it could possibly be. But although this is true as regards the wholesale applications of the scale, it would appear—as has been found in other districts—that some of the individual tests require re-grouping, and others slight modification.

The system was designed to test as many sides of the intelligence as possible—memory, observation, deduction, abstract reasoning, mental association, etc., and it is probably in the degrees of development of these different aspects of intelligence that districts and countries vary from one another. As far as North Derbyshire is concerned, the strongest point would appear to be memory and calculation, and the weakest, abstract reasoning. (According to this we ought to produce more mathematicians than philosophers: I don't know whether this is so). For this reason in adjusting the scale for use in North Derbyshire. some of the sheer memory tests might be moved back a year. For instance, Tests " 1 " and " 6 " (see table), which were passed respectively by 99% and 100% of the children, might be moved back from the " seven " into the " six-year-old " age group, while Tests " 8 " (97%) and " 13 " (93%) might also be moved back a year. Several of these changes have already been made in the London Revision.

INTELLIGENCE TESTS FOR THE YEARS 7, 8, & 9

AS ASSIGNED BY THE

STAMFORD REVISION OF THE BINET-SIMON SCALE.

APPLIED TO 100 NORMAL 8-YEAR-OLDS IN THE PEAK DISTRICT.

Number of Boys examined—45, average age, 8 years, 6 months.
Number of Girls examined—55, average age, 8 years, 5 months.

	Nature of Test.	*Girls passed.*	*Boys passed.*	*Total.*	
7 year Tests.	1. Number of fingers	55	44	99	Total Tests passed, 566 =94%.
	2. Description of pictures	49	44	93	
	3. Repeating five digits	48	43	91	
	4. Differenees between conerete objects	46	40	86	
	5. Copying diamond	53	44	97	
	6. Naming days of week	55	45	100	
8 year Tests.	7. Bell and field test	17	19	36	Total Tests passed, 438 =73%.
	8. Counting backwards, 20—1 ...	53	44	97	
	9. Problem, "What would you do ?"	38	34	72	
	10. Similarities between conerete objects	38	36	74	
	11. Definitions superior to use	33	41	74	
	12. Vocabulary (20 words)	46	39	85	
9 year Tests.	13. Correct date	50	43	93	Total Tests passed, 436 =72.6%.
	14. Giving ehange	40	43	83	
	15. Repeating four digits baekwards ...	31	25	56	
	16. Sentence eontaining 3 given words	39	31	70	
	17. Finding 3 rhymes to given word ...	41	32	73	
	18. Enumerating months of year ...	39	22	61	
	Average Intelligence—Quotient worked out from combined Quotients of individual children	Girls 99	Boys 99.8	Boys & Girls eombined, 99.4	

As regards the other tests, number " 7," which was passed by only 36% of the children, should be deleted altogether. This is rather a pity, as it is the most interesting and ingenious of all the tests ; but it is obviously unreliable at this stage of mental development.

Test " 11," in my opinion, requires some modification. It will be noticed in the table that only four boys failed at this test, as opposed to twenty-two girls. I think this is explained by the fact that the words to be defined " tiger," " soldier," " football " and " balloon " are all of more interest to boys than girls, and I think two of the words at any rate should be changed to words of more feminine appeal.

If I expected to find any startling difference between the boys and girls I was disappointed, as there is only 0·8% between them. It is usual at this age to find the girl's intelligence slightly in front of the boys, and the fact that the positions are reversed in this case is probably due to the test mentioned above.

Another modification of the scale which appears to be called for is a sharper line of demarcation between the 8th and 9th year groups. It will be noticed in the table that approximately the same number of tests were passed in each of these groups, whereas there is a big difference in numbers between the two previous groups. To remedy this, Tests " 13 " and " 14 " might be included in the 8th year group in place of Tests " 7 " and " 8," and two stiffer tests added to the 9th year group.

I shall endeavour to re-test as many as possible of these children in a year or two, so that I may be able, if necessary, to re-arrange some of the more advanced tests, and also to notice any variation in individual intelligence quotients. So far, my experience has been that these quotients are extraordinarily constant. Mental Defectives, whom I have re-examined after an interval of years, have worked out the same almost to a decimal point. It will also be interesting to note the relationship between the intelligence quotients and success in the minor County Scholarships, and to watch the subsequent progress of some of the children in Secondary Schools and elsewhere.

The intelligence quotients were, on the whole, in agreement with the teacher's estimations of the various childrens' capabilities, and their educational attainments, but there were some interesting exceptions. The majority of the children examined were in Standard II., but 17 of them were in Standards III. and IV. (average age, 8 6), and of these, apparently promising children, only 10 had a quotient of over 100, the average quotient for the whole lot being only 99·8.

Twenty-two of the children were in Standard I., and of these, presumably backward children, ten also had quotients of over 100, and the average quotient for the lot was 97·7. That there should be so little difference between the quotients of the two standards is surprising, and it would appear that, even taking

illness and prolonged absence into consideration, there must be several children in the lower standard who were not working up to their capacity, and several children in the upper standard who were being pressed beyond their capabilities.

The identification of the two types is important, firstly, because it enables the teacher to know which of the backward children can safely be pushed on and expected to make satisfactory progress, and, secondly, because it is the child of abnormally high intelligence who will benefit most by higher education, and not his duller brother, who, through steady plodding, plus the keenness of his teacher and encouragement at home, may work himself up to scholarship standard. I have known children with an intelligence quotient of below 90 sit for a scholarship, and others, whom the strain of working for the examination has reduced to the verge of a serious breakdown. It is children such as these who, if they succeed in getting to a Secondary School, invariably drop behind, and while holding back the others, fail themselves to benefit to any extent by the extra expenditure in time and money on their education.

It is no part of a School Medical Inspector's work to criticise the existing scholarship system and discuss the past psychological tests; this has already been done in the Board of Education's Report on "Psychological Tests," but it is within his province to discuss overstrain and how it may be avoided. There have been, within my knowledge, several cases of serious nervous breakdown in Secondary School children. If in awarding scholarships a medical report on the intelligence and nervous stability of certain candidates and the likelihood of their being able to stand the strain of Secondary School Education were considered along with their educational attainments, it might help to prevent this.

At the same time, if Teachers would bring forward at Medical Inspection any children who were backward through no ascertainable cause, such as illness or prolonged absence, so that they could be psychologically tested, this would save a lot of trouble. The Intelligence Quotient, marked on the Medical Card, would enable the Teacher to discriminate between the "dull" and the "lazy," and it would explain to H.M. Inspectors the presence of certain children in a standard lower than that warranted by their age. It would also save some children from being strained to breaking point in an endeavour to reach a standard that was quite beyond them.

An Investigation into Disease of the Lungs in School Children. This investigation was carried out by Dr. F. J. Burke, who reports as follows:—

Many delicate children exhibit evidence of disease of the respiratory system, a large proportion of which can be traced to the presence of diseased tonsils and adenoids, but in some cases pulmonary tuberculosis of juvenile type may be simulated very closely. In the year 1924 I examined a few children who had evidence of

disease suggestive of lung tuberculosis of the so-called " hilus " type in whom the symptoms and signs of disease abated after removal of diseased tonsils and adenoids. During the year 1929 I extended the observation to a larger number of children, and made detailed and in many cases repeated examinations of a series of 448 children between the ages of 4½ and 15 years. I grouped the children into " normals " numbering 124 (group 1), in whom no symptoms of disease were present. In group 2 were placed 95 children having clinically enlarged tonsils and adenoids. Group 3 included 99 delicate children in whom no evidence of definite disease of the respiratory system was found. Group 4 included 81 children with definite respiratory system diseases. Groups 5 and 6, numbering 17 children, included cases of definite pulmonary tuberculosis. In Group 7 were included 32 cases of active or quiescent non-pulmonary tuberculosis. Apart from cases of pulmonary tuberculosis in which the diagnosis was definitely made, suspicious signs and symptoms of the disease were found in one child from Group 2 and seven children in Group 3.

Analysis of the cases in Group 4 showed that twenty-two children had permanent damage to their lungs following pneumonia, and four permanent changes in their lungs due to other causes. Ten cases had a history of asthmatic attacks. Twenty-three were cases of bronchial catarrh, and three were cases with a history of pleurisy, two of which were recent and one probably chronic. In the last case no further opportunities for observation were possible owing to the child having left school at 14 years of age. Children with diseased tonsils and adenoids are peculiarly liable to catarrhs, bronchitis, etc. Operation on the tonsils clears up the condition in most cases, but in a few cases permanent changes in the apices of the lungs apparently result. In eighteen cases in the present series examined, two or more years after operation on tonsils and adenoids, recurrent catarrhs have apparently resulted in permanent collapse of the lung apices of slight though quite definite degree. These signs are not rare in otherwise healthy adults, and may be due to healed tuberculosis foci or to simple collapse from repeated catarrhs.

Attention to the treatment of tonsils, adenoids and other morbid conditions of the upper air passages is essential in treating bronchitis and recurrent catarrhs, and should be undertaken at the earliest favourable opportunity before permanent damage occurs. In treatment of bronchitis this is often omitted, or the operation is postponed indefinitely on the grounds of the delicacy of the child.

SECTION II.

TABLES OF THE BOARD OF EDUCATION.

TABLE 1.

RETURN OF MEDICAL INSPECTIONS.

A.—Routine Medical Inspections.

Number of Code Group Inspections	
Entrants	8,441
Intermediates	8,278
Leavers	6,472
Total	23,191

B.—Other Inspections.

Number of Special Inspections	2 225
Number of Re-Inspections	6,254
Total	8,479

TABLE 1a (SECONDARY SCHOOLS).

A.—Routine Inspections.

Boys	1,491
Girls	1,848
Total	3,339

B.—Special Inspections.

Boys	35
Girls	20
Total	55

C.—Re-Inspections.

Boys	205
Girls	253
Total	458

TABLE II.

A—Return of Defects found in the course of Medical Inspection in 1929

Defect or Disease.		Routine Inspections.		Specials.	
		Number referred for treatment	Number requiring to be kept under observation, but not referred for treatment.	Number referred for treatment.	Number requiring to be kept under observation, but not referred for treatment.
Malnutrition		148	331	13	34
Uncleanliness		545	197	27	1
Skin ..	Ringworm—				
	Scalp	19	2	11	—
	Body	8	2	5	—
	Scabies	11	—	5	1
	Impetigo	204	13	59	1
	Other Diseases (non-tuberculous)	125	42	38	7
Eye ..	Blepharitis	89	23	25	1
	Conjunctivitis	68	20	19	3
	Keratitis	1	3	2	—
	Corneal Opacities & C'neal Ulcers	19	4	5	2
	Defective Vision (excl'd'g Squint)	1250	223	318	33
	Squint	204	42	44	5
	Other Conditions	46	24	24	4
Ear ..	Defective Hearing	125	25	40	2
	Otitis Media	186	11	61	—
	Other Ear Diseases	75	12	10	6
Nose and Throat	Enlarged Tonsils only	1357	1059	271	51
	Adenoids only	225	116	46	6
	Enlarged Tonsils and Adenoids	1751	328	458	24
	Other Conditions	167	68	47	11
Enlarged Cervical Glands (Non-Tuberculous) ..		187	535	39	82
Defective Speech		11	40	7	10
Teeth .. Dental Diseases		4179	263	172	2
Heart and Circulation.	Heart Disease—				
	Organic	27	120	20	17
	Functional	45	251	5	14
	Anæmia	103	48	25	2
Lungs ..	Bronchitis	174	157	26	9
	Other Non-Tuberculous Diseases	46	86	18	9
Tuberculosis	Pulmonary—				
	Definite	10	9	8	2
	Suspected	33	43	35	17
	Non-Pulmonary—				
	Glands	18	31	13	7
	Spine	2	1	—	—
	Hip	2	1	—	1
	Other Bones and Joints ..	3	2	5	2
	Skin	—	1	2	—
	Other Forms	2	5	13	1
Nervous System	Epilepsy	17	15	15	9
	Chorea	9	12	11	8
	Other Conditions	23	67	7	41
Deformities	Rickets	37	44	4	3
	Spinal Curvature	65	51	26	6
	Other Forms	89	51	41	14
Other Defects and Diseases ..		365	434	128	75

B.—Number of Individual Children found at Routine Medical Inspection to require Treatment (excluding Uncleanliness and Dental Diseases).

GROUP. (1)	Number of Children.		Percentage of Children found to require Treatment. (4)
	Inspected. (2)	Found to require Treatment. (3)	
Code Groups :—			
Entrants	8441	2168	25·6
Intermediates	8278	2355	28·4
Leavers	6472	1546	23·8
Total (Code Groups)	23191	6069	26·1

TABLE II. A (*continued*).

SECONDARY SCHOOLS.

Return of Defects found in the course of Medical Inspection during 1929.

Enrolment—Boys 1694, Girls 1811, Total 3505.

Defect or Disease.		Number referred for Treatment.		Number requiring to be kept under observation, but not referred for treatment.	
		Boys.	Girls.	Boys.	Girls.
Malnutrition		6	—	13	2
Uncleanliness		—	3	—	6
Skin ...	Ringworm—				
	Scalp	—	—	—	—
	Body	1	—	—	—
	Scabies	—	—	—	—
	Impetigo	1	—	—	—
	Other Diseases (Non-Tuberculous)	8	4	2	6
Eye ...	Blepharitis	2	1	2	—
	Conjunctivitis	2	—	1	1
	Keratitis	—	—	—	—
	Corneal Opacities	—	—	—	—
	Defective Vision, excluding Squint	100	139	35	34
	Squint	2	1	—	1
	Other Conditions	6	2	1	1
Ear ...	Defective Hearing	9	5	4	3
	Otitis Media	2	1	—	1
	Other Ear Diseases	1	—	1	—
Nose and Throat	Enlarged Tonsils only ...	24	69	87	38
	Adenoids only	3	6	4	7
	Enlarged Tonsils & Adenoids ...	44	86	2	23
	Other Conditions	6	1	12	12
Enlarged Cervical Glands (Non-Tuberculous) ...		3	—	33	—
Defective Speech		1	—	7	—
Teeth ... Dental Diseases		151	119	34	21
Heart and Circulation	Heart Disease:				
	Organic	1	—	8	19
	Functional	—	—	23	22
	Anæmia	1	15	4	6
Lungs ...	Bronchitis	2	—	—	3
	Other non-tuberculous Disease	—	—	6	1

TABLE II A—*continued.*

SECONDARY SCHOOLS—*continued.*

Return of Defects found in the course of Medical Inspection.

Defect or Disease.		Number referred for treatment.		Number requiring to be kept under observation, but not referred for treatment.	
		Boys.	Girls.	Boys.	Girls.
Tuberculosis.	Pulmonary—				
	Definite	—	—	—	—
	Suspected	3	—	2	1
	Non-Pulmonary—				
	Glands	1	—	2	1
	Spine	—	—	1	—
	Hip	—	—	—	—
	Other Bones and Joints ...	—	—	—	—
	Skin	1	—	—	—
	Other forms	1	—	—	—
Nervous System.	Epilepsy	—	—	—	—
	Chorea	—	—	1	1
	Other conditions	1	1	4	—
Deformities	Rickets	—	3	1	—
	Spinal Curvature	7	34	11	14
	Other forms	22	12	36	5
Other Defects and Diseases		15	23	22	18

TABLE III.

Return of all Exceptional Children in the Area.

		Boys.	Girls.	Total.
Blind (including partially blind)—	Attending Certified Schools or Classes for the Blind	5	7	12
(*i.*) Suitable for training in a School or Class for the totally blind	Attending Public Elementary Schools	4	3	7
	At other Institutions	—	—	—
	At no School or Institution ...	8	3	11
(*ii.*) Suitable for training in a School or Class for the partially blind.	Attending Certified Schools or Classes for the Blind	—	—	—
	Attending Public Elementary Schools	31	24	55
	At other Institutions	—	—	—
	At no School or Institution ...	4	4	8
Deaf (including deaf and dumb and partially deaf)—	Attending Certified Schools or Classes for the Deaf	13	12	25
	Attending Public Elementary Schools	1	1	2
(*i.*) Suitable for training in a School or Class for the totally deaf or deaf and dumb.	At other Institutions	—	—	—
	At no School or Institution ...	2	3	5
(*ii.*) Suitable for training in a School or Class for the partially deaf.	Attending Certified Schools or Classes for the Deaf	9	4	13
	Attending Public Elementary Schools	24	30	54
	At other Institutions...	—	—	—
	At no School or Institution ...	2	4	6
Mentally Defective—	Attending Certified Schools for Mentally Defective Children ...	2	5	7
Feebleminded (cases not notifiable to the Local Control Authority.)	Attending Public Elementary Schools	184	121	305
	At other Institutions...	1	—	1
	At no School or Institution ...	62	44	106
Notified to the Local Control Authority *during the year.*	Feebleminded	See figures in following Table IIIA.		
	Imbeciles			
	Idiots			
Epileptics—	Attending Certified Special Schools for Epileptics	2	4	6
Suffering from severe epilepsy.	In Institutions other than Certified Special Schools	—	—	—
	Attending Public Elementary Schools	3	5	8
	At no School or Institution ...	14	6	20
Suffering from epilepsy which is not severe.	Attending Public Elementary Schools	40	33	73
	At no School or Institution ...	10	11	21
Physically Defective—	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	3	2	5
Infectious pulmonary and glandular tuberculosis	At other Institutions...	—	1	1
	At no School or Institution ...	8	16	24

TABLE III.—*continued.*

		Boys.	Girls.	Total.
Physically Defective (continued)—				
Non-infectious but active pulmonary and glandular tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	3	11	14
	At Certified Residential Open Air Schools	—	—	—
	At Certified Day Open Air Schools	—	—	—
	At Public Elementary Schools ...	104	94	198
	At other Institutions	1	—	1
	At no School or Institution ...	33	32	65
Delicate children (*e.g.*, pre-or latent tuberculosis, malnutrition, debility, anæmia, etc.)	At Certified Residential Open Air Schools	2	1	3
	At certified Day Open Air Schools	—	—	—
	At Public Elementary Schools ...	99	89	188
	At other Institutions...	—	—	—
	At no School or Institution ...	16	15	31
Active non-pulmonary tuberculosis	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board	36	24	60
	At Public Elementary Schools ...	47	37	84*
	At other Institutions...	5	—	5
	At no School or Institution ...	15	19	34
Crippled Children (other than those with active tubercuious disease), *e.g.*, children suffering from paralysis, etc., and including those with severe heart disease.	At Certified Hospital Schools ...	4	6	10
	At Certified Residential Cripple Schools	1	4	5
	At Certified Day Cripple Schools ...	—	—	—
	At Public Elementary Schools ...	412	402	814
	At other Institutions...	3	3	6
	At no School or Instituiton ...	57	63	120

* Many of this 84 are clinically quiescent, but they have not been under our observation sufficiently long enough to be considered cured, and all are under the supervision of the Orthopædic Surgeon or Tuberculosis Officers.

TABLE III. A.

Statement of the Number of Children notified during the year ended December 31st, 1929, by the Local Education Authority to the Local Mental Deficiency Authority.

Total number of Children notified, 42.

ANALYSIS OF THE ABOVE TOTAL.

DIAGNOSIS.	BOYS.	GIRLS.
1. (i.) Children incapable of receiving benefit or further benefit from instruction in a Special School—		
(*a*) Idiots	2	1
(*b*) Imbeciles	15	14
(*c*) Others	—	—
(ii.) Children unable to be instructed in a Special School without detriment to the interests of other children		
(*a*) Moral Defectives	—	—
(*b*) Others	—	—
2. Feeble-minded children notified on leaving a Special School on or before attaining the age of 16 ...	1	8
3. Feeble-minded children notified under Article 3 of the 1928 Regulations, *i.e.*, "special circumstances" cases	1	—
4. Children who in addition to being mentally defective were blind or deaf	—	—
Grand Total	19	23

TABLE IV.

Return of Defects treated during the year 1929.

Treatment.

Group I.—Minor Ailments (excluding Uncleanliness, for which see Group V.).

Disease or Defect.	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme.	Otherwise.	Total.
Skin :—			
Ringworm Scalp	274	27	301
Ringworm Body	69	1	70
Scabies	25	9	34
Impetigo	1434	34	1468
Other Skin Disease	284	44	328
Minor Eye Defects ... ... (External and other, but excluding cases falling in Group II.)	610	90	700
Minor Ear Defects	843	85	928
Miscellaneous ... ... (*e.g.*, minor injuries, bruises, sores, chilblains, etc.)	2145	455	2600
Total	5684	745	6429

Group II.—Defective Vision and Squint (excluding Minor Eye Defects Treated as Minor Ailments.—Group I.).

Defect or Disease.	Number of Defects dealt with.			
	Under the Authority's Scheme.	Submitted to refraction by private practitioner or at hospital apart from the Authority's Scheme.	Otherwise	Total.
Errors of Refraction (including Squint)	2101	168	—	2269
Other Defect or Disease of the Eyes (excluding those recorded in Group I.) ...	113	—	—	113
Total	2214	168	—	2382

Total number of children for whom spectacles were prescribed

(*a*) Under the Authority's Scheme 1379

(*b*) Otherwise 168

Total number of children who obtained or received spectacles

(*a*) Under the Authority's Scheme 1225

(*b*) Otherwise 168

Group III.—Treatment of Defects of Nose and Throat.

Number of Defects.				
Received Operative Treatment.			Received other forms of treatment.	Total number treated.
Under the Authority's Scheme, in Clinic or Hospital.	By Private Practitioner or Hospital, apart from the Authority's Scheme.	Total.		
1716	524	2240	30	2270

Group IV.—Dental Defects.

(1) Number of Children who were:—

(*a*) Inspected by the Dentist:

	Aged:		
Routine Age Groups	4	46	Total 23524
	5	2366	
	6	2647	
	7	3005	
	8	3063	
	9	3037	
	10	2406	
	11	2334	
	12	2193	
	13	2169	
	14	258	

Specials	1002
Grand Total	24526
(*b*) Found to require treatment	22240
(*c*) Actually treated	10529
(*d*) Re-treated during the year as the result of periodical examination	3225

(2) Half-days devoted to—

Inspection	153		
Treatment	2218	Total	2371

(3) Attendances made by children for treatment 18477

(4) Fillings—

Permanent Teeth	13094		
Temporary Teeth	2723	Total	15817

(5) Extractions

Permanent Teeth	5284		
Temporary Teeth	24938	Total	30222

(6) Administrations of General anæsthetics for extractions:— 1498

(7) Other Operations

Permanent Teeth	2186		
Temporary Teeth	6905	Total	9091

Group V.—Uncleanliness and Verminous Conditions.

Average number of visits per school made during the year by the School Nurses	3·49
Total number of examinations of children in the Schools by School Nurses	135565
Number of individual children found unclean	1595
Number of children cleansed under arrangements made by the Local Education Authority	Nil
Number of cases in which legal proceedings were taken:—	
(*a*) Under the Education Act, 1921	Nil
(*b*) Under School Attendance Byelaws	Nil

Derbyshire County Council.

ANNUAL REPORT

OF THE

COUNTY MEDICAL OFFICER OF HEALTH

For the Year 1929,

BY

W. M. ASH,

M.B., B.S. (LOND.), F.R.C.S. (ED.), D.P.H. (VICT.),

COUNTY MEDICAL OFFICER OF HEALTH.

DERBY:

J. W. SIMPSON AND SONS, PRINTERS, FRIAR GATE.

To the Chairman and Members of the

Derbyshire County Council.

My Lord Duke, Ladies, and Gentlemen,

I have the honour to present to you the Fortieth Annual Report on the Health of the County of Derby.

In accordance with the requirements of the Ministry of Health, this Report takes the form of an "Ordinary Report" as distinct from a "Survey Report." It has been my custom for the past four years to issue the Health and School Medical Reports together, thereby presenting to you in one volume the particulars of these two closely connected parts of the Public Health Service of the County. As I explained last year, the tardy arrival of Reports from District Medical Officers of Health unduly held up this Report, and it happened each year that the Report to the Education Committee, although completed in the first quarter, was held up from presentation until the later months of the year. For this reason I have, with regret, reverted to the old system of publishing the Reports separately, my Report to the Education Committee having been issued as a separate volume in April of this year.

The passing of the Local Government Act, 1929, was an event of outstanding importance to County Council Health Authorities, and although it did not come into force until April 1st, 1930, I have on more than one occasion quoted it in this Report for 1929 in dealing with the various public health services, particularly with reference to its hospital provisions. I have briefly mentioned what to my mind is a possible line of development of the hospital services in this County, and I would add that such a hospital service could form the basis from which to develop both midwifery and general nursing services throughout the County. Close co-operation between the various organisations—voluntary and official—dealing with the prevention and treatment of sickness is essential, and actual amalgamation would appear to be desirable in many instances if we are to progress; for the number of societies, associations, committees, etc., dealing with health matters are innumerable, and appear to be increasing in number. As an example of what I mean, one of the nine Committees of the County Council dealing with medical and semi-medical services has at this moment under consideration subscriptions to no less than 100 voluntary organisations connected in one way or another with the treatment of the sick of this County.

Another noteworthy event of 1929 was the introduction of the Mental Treatment Bill into the House of Lords in November; and later it was read for the first time in the House of Commons. Since the body of my Report was placed in the hands of the printer, this Bill has become law. There are few more qualified to make a

request in this connection than Lord Russell. He was a Member of the Royal Commission on Lunacy and Mental Deficiency on the findings of which the principles of the Bill were largely based. I would particularly bring to your notice a passage from his speech in the House of Lords, which I have quoted in this Report.

Reference to the Vital Statistics shews that the infantile mortality and the general death rate are up compared with the previous year, but the same applies to the Country as a whole. In this connection we must remember the very severe weather during the first part of the year 1929, which would be a likely contributory cause of these increased rates. The birth rate, again the lowest on record, is just half that of thirty years ago.

The County has been free from any large epidemic, although the number of cases of scarlet fever is considerably higher than the previous year. The zymotic death rate is the lowest yet recorded. The death rate from pulmonary tuberculosis of ·53 is just under half what it was 30 years ago. In round figures, this is a saving of from 300 to 350 lives per annum in this County ; I will not attempt to estimate what it means in the saving of suffering.

During the year under review there was a rapid development of the County Ante-Natal Scheme, which is now functioning fully. Any further extensions will necessitate additional staff.

The County Orthopædic Scheme has also been enlarged considerably, and the eight beds for non-tubercular orthopædic cases at Bretby Hall were increased to 65 during the year. An additional orthopædic clinic was opened at Heanor during the year, whilst considerable progress was made with the building of the new block for adults suffering from surgical tuberculosis. There is great need for more accommodation for cases of advanced pulmonary tuberculosis. Reference has been made to the extension of this service during the year by the use of a block at the Whitworth Hospital. As I have pointed out on many occasions, these patients, being extremely ill, cannot be said to be provided with proper accommodation if that accommodation requires their removal so far from their homes that they cannot be visited by their relatives. At the time of writing this Report, the Tuberculosis Committee is endeavouring to extend the accommodation for advanced cases of tuberculosis in a manner which will meet this requirement.

I am,

Your obedient Servant,

W. M. ASH,

County Medical Officer of Health.

New County Offices,
St. Mary's Gate, Derby,
September, 1930.

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TUBERCULOSIS.

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MAP.

LIST OF HEALTH VISITORS.

Name.	Qualification Reference No.*	Date commenced duty.
Gomm, G. E.	3, 4, 5, 6, 7,	1/9/08
Harvey, A.	2, 3, 5	1/9/13
Spetch, R.	2, 3	21/4/13
Fisher, D.	3, 4, 5, 6,	1/5/14
Rodgers, M.	3, 5, 6, 7	1/2/15
McNulty, A.	7, (Dispensary Nurse)	16/6/15
Wilson, M.	3, 4, 6, 7 (Regional Insp. of Midwives)	12/7/15
Liddle, A. L.	3, 4, 5	27/9/15
Fisher, C. H.	3, 4, 5, 6	21/12/15
Siddons, B.	1, 3, 4, 5, 6	10/8/16
Orpin, C. A.	2, 3, 4, 6	5/2/17
Hughes, D. C.	3, 4, 5	27/2/17
Rose, J.	3, 4	3/3/17
Blood, W. S.	2, 3	1/9/17
Stevens, A. L.	2, 3	21/9/17
Webb, E.	3, 4	21/9/17
Field, C.	2, 3, 5, 6	1/10/17
Major, C. B.	2, 3	1/10/17
Stevens, L.	2, 3, 4, 6	29/6/18
Martin, E.	3, 5, 7	10/9/18
Smith, M. L.	2, 3, 5	1/1/19
Clarkson, A. L.	1, 3, 4, 5, 6, 7	18/3/19
Spencer, E. A.	2, 3, 5, 6	17/3/19
Williams, G.	1, 3, 4, 5, 6,	1/4/19
Woodford, D.	2, 3, 5 (Regional Insp. of Midwives)	8/12/19
Booth, E.	3, 4, 5	16/8/20
Sleigh, F.	2, 3, 5, 6 (Regional Insp. of Midwives)	6/9/20
Beardmore, B.	2, 3	25/10/20
Quinn, E.	2, 3, 5	20/10/20
Priestley, M.	2, 3	17/2/21
Nuttall, J.	3, 4	1/3/21
Agutter, M.	1, 3, 4	22/8/21
Brewster, C.	2 (Theatre Nurse)	1/9/21
Sterling, E. M.	3, 5	1/9/21
Millington, H.	2, 3	29/5/22
Latham, B. A.	2, 3, 5,	9/10/22
Hinchliffe, M. I.	2, 3	21/3/23
Clark, M.	1, 3	8/1/24
Wood, Irene M.	2, 3, 7	19/2/24
White, G.	2, 3, 7	25/3/24
Watson, E.	2, 3	27/3/24
Sheldon, F.	1	5/1/25
Dennis, S.	2, 3	23/3/25
Freeman, E.	2, 3, 7	22/3/26
Halliday, M. T.	2, 3	5/4/27
McIntosh, A. J.	2, 3, 7	2/1/28
Webster, E.	2, 3	3/9/28
Fitzmauriee, M. M.	2, 3	4/2/29
Hitchcock, M.	2, 3	8/5/29
Owen, Mary C.	1, 2, 3	4/11/29
Avery, Florence	1, 2, 3	27/1/30
Smith, Mary B.	2, 3, 7	17/2/30
Easton, Alice A.	2, 3	17/2/30
Reid, Gladys M.	1, 2, 3	3/3/30

With the exceptions indicated all the Health Visitors act as Visitors under the M. & C.W. and Tuberculosis schemes, as Mental Deficiency Act Visitors, Blind Person Visitors, and as School Nurses in the area of the County allocated to them. In addition certain nurses take duty at Tonsil & Adenoid, Ear, and Dental Clinics, and also Tuberculosis Dispensaries.

*1. H. V. Cert. (Approved Ministry of Health).
2. Trained Nurse.
3. Certificate of the Central Midwives Board.
4. Sanitary Inspector.
5. H. V. Cert. of Royal Sanitary Institute.
6. Maternity and Child Welfare Works Certificate, Royal Sanitary Institute
7. Fever Nursing or other special training.

PUBLIC HEALTH STAFF.

County Medical Officer	Dr. W. M. Ash, M.B., B.S. (Lond.), F.R.C.S. (Edin.), D.P.H. (Man.)
Deputy County Medical Officer—	Dr. I. C. Mackay, M.B., Ch.B. (Edin.), D.P.H., (Edin.).
Medical Officers—	
(*a*) Tuberculosis Officers	Dr. B. S. Nicholson, M.D. (Glas.). D.P.H. (St. Andrews).
	Dr. P. Heffernan, B.A., M.D., B.Ch., B.A.O.
	Dr. C. Kingston, M.R.C.S. (Eng.), L.R.C.P. (Lond.), D.P.H. (Ox.).
(*b*) Bacteriologist ...	Dr. S. M. Ross, M.D. (Edin.), Ch. B., D.P.H. (Man.).
(*c*) Venereal Diseases Officer ...	Dr. H. R. M. Richards, M.B., Ch.B. (Edin.) (part-time).
(*d*) Med. Supt. at Walton San. ...	Dr. A. N. Robertson, M.R.C.P. (Lond.), M.D. (Edin.), D.P.H. (Camb.).
(*e*) Asst. Resident Med. Officer at Walton San.	Dr. Margaret V. Saul, M.B., B.S. (Lond.), M.R.C.S., L.R.C.P.., (commenced Nov. 11th, 1929).
(*f*) Consulting Surgeon, Bretby Orthopœdic Hospital	Naughton Dunn, Esq., M.B., Ch.B.
Med. Supt. at Bretby	Dr. G. A. Q. Lennane, M.B. (Camb.), M.R.C.S. (Eng.).
(*h*) Hon. Consulting Radiologist and Electrologist ...	Dr. A. R. Laurie, M.B., Ch.B. (Edin.), D.M.R.E. (Camb.).
(*i*) Maternity and Child Welfare ...	Dr. E. E. Stephens, M.D., B.S. (Lond.)
Organiser of Infant Welfare Centres ...	Miss E. Gray.
Regional Inspectors of Midwives	Miss Sleigh, Miss Thorpe, Miss Wilson, Miss Woodford.
County Sanitary Inspectors	H. Dickinson, Cert. R.S.I., Cert. Meat Inspector.
	H. Mallinson, Cert. R.S.I., Cert. Meat Inspector.
Assistant Bacteriologist	C. F. Peckham.
Laboratory Assistants ...	A. Morley, Cert. B.L.A., A. Yeomans and C. Robertson.
Radiographer	H. A. Wainscott, M.S.R.
Chief Clerk	T. O. Morrell.
Clerks	H. R. Pedley, H. Richardson, F. Beeston, Cert. S.I.B., H. Littlewood, H. Haddock E. Eyre, E. J. Arnot, Miss Alexander, Miss Booth, Miss Waller, Miss Smith.

There are 9 part-time Officers in charge of Infant Welfare Centres. Details of these will be found in Table V.

TABLE I.

Birth Rate and Death Rate from the Seven Principal Zymotic Diseases and all Causes and Infantile Mortality in the Whole County during the last Thirty-Nine Years.

Year.		Death Rates per 1,000 of Population.								Death Rate from all Causes.	Birth Rate.	Infantile Mortality per 1,000 Births
		Small Pox.	Scarlatina	Diphtheria & Membranous Croup.	Typhoidal Fevers.	Measles.	Whooping Cough.	* Diarrhœa	Seven Principal Zymotics			
1891 to *1900*	WHOLE COUNTY ...	**.028**	**.16**	**.17**	**.16**	**.43**	**.30**	**.58**	**1.87**	**17.1**	**33.7**	**147**
	England and Wales ...	*.012*	*.15*	*.27*	*.18*	*.39*	*.36*	*.71*	*2.14*	*18.3*	*29.9*	*153*
1901 to *1910*	WHOLE COUNTY ..	**.004**	**.10**	**.16**	**.08**	**.26**	**.24**	***.58**	***1.58**	**14.1**	**28.5**	**126**
	England and Wales ..	*.016*	*.10*	*.17*	*.10*	*.30*	*.27*	*.77*	*1.50*	*15.3*	*27.1*	*128*
1911 to *1920*	WHOLE COUNTY ..	—	**.04**	**.16**	**·03**	**·24**	**.16**	**.40**	**1.03**	**12.66**	**24.07**	**99**
	England and Wales ..	*.000*	*.04*	*.14*	*.03*	*.27*	*.18*	*.51*	*1.17*	*13.85*	*21.90*	*100*
1921	WHOLE COUNTY ...	—	**.02**	**.07**	**.01**	**.04**	**.10**	**†.26**	**.50**	**11.16**	**24.48**	**77**
	England and Wales ...	*.00*	*.03*	*.12*	*.02*	*.06*	*.12*	*†.34*	*.69*	*12.1*	*22.4*	*83*
1922	WHOLE COUNTY ...	—	**.02**	**.07**	**.003**	**.05**	**.14**	**†.13**	**.41**	**10.78**	**21.97**	**72**
	England and Wales ...	*·00*	*.04*	*.11*	*.01*	*.15*	*.16*	*†.13*	*.60*	*12.9*	*20.6*	*77*
1923	WHOLE COUNTY ...	—	**·01**	**·04**	**·01**	**·13**	**·14**	**†·14**	**·47**	**10·72**	**21·13**	**73**
	England and Wales ...	*·00*	*·03*	*·07*	*·01*	*·14*	*·10*	*†·15*	*·50*	*11·6*	*19·7*	*69*
1924	WHOLE COUNTY ...	**·00**	**·01**	**·05**	**·01**	**·06**	**·09**	**†·13**	**·35**	**11·00**	**20·75**	**70**
	England and Wales ...	*·00*	*·02*	*·06*	*·01*	*·12*	*·10*	*†·14*	*·45*	*12·2*	*18·8*	*75*
1925	WHOLE COUNTY ...	**·00**	**·03**	**·09**	**·00**	**·11**	**·12**	**†·10**	**·45**	**11·45**	**20·42**	**78**
	England and Wales ...	·00	·03	·07	·01	·13	·15	†·15	·54	12·2	18·3	73
1926	WHOLE COUNTY ...	—	**·03**	**·06**	**·01**	**·07**	**·15**	**†·11**	**·43**	**10·57**	**19·23**	**71**
	England and Wales ...	·00	·02	·07	·01	·09	·10	†·15	·44	11· 6	17·8	72
1927	WHOLE COUNTY ...	—	**·01**	**·08**	**·01**	**·04**	**·10**	**·09**	**·33**	**11·63**	**18·02**	**71·3**
	England and Wales ...	·00	·01	·07	·01	·09	·09	·10	·37	12·3	16·7	69·0
1928	WHOLE COUNTY ...	—	**·01**	**·07**	**·01**	**·11**	**·04**	**·08**	**·32**	**10·20**	**17·80**	**63·0**
	England and Wales ...	·00	·01	·06	·01	·11	·07	·11	·37	11·7	16·7	65·0
1929	Urban Districts ...	—	**·01**	**·08**	**·00**	**·04**	**·10**	**·08**	**·31**	**11·54**	**16·52**	**67·0**
	Rural Districts ...	—	**·02**	**·06**	**·02**	**·02**	**·08**	**·12**	**·32**	**11·60**	**16·78**	**68·2**
	WHOLE COUNTY ...	—	**·01**	**·07**	**·01**	**·03**	**·19**	**·10**	**·31**	**11·57**	**16·64**	**67·0**
	England and Wales	**·00**	**·02**	**·08**	**·01**	**·08**	**·15**	**·13**	**·47**	**13·4**	**16·3**	**74·0**

* Since 1901 the Deaths from Enteritis, etc., are included.

† Deaths from Diarrhœa under 2 years of age only.

Report on the Health of Derbyshire for the Year 1929.

STATISTICS AND SOCIAL CONDITIONS.

AREA.

The Administrative County of Derby comprises 40 Sanitary Districts, four of which are Municipal Boroughs, 21 Urban Districts and 15 Rural Districts. At the end of 1929 the County had a total area of 643,232 acres, 92,531 in the Boroughs and Urban Districts and 550,701 in the Rural Districts.

POPULATION.

The Registrar-General's estimate of the population of the Administrative County of Derby as at the middle of 1929 is 624,300, an increase of 1,900 on the figure for 1928. The population of each of the Sanitary Districts is given in Tables II. and IIa.

INHABITED HOUSES.

The number of " structurally separate dwellings " in the Administrative County at the time of the Census, 1921, was 124,663, the number of private families being 130,139.

The estimated number of houses in the County at the end of 1929 was 146,437, of which 75,130 are in Boroughs and Urban Districts and 71,307 in Rural Districts.

During 1929 3,538 new houses were erected.

Separate particulars relating to housing work done in each District are given in Table IX. facing page 51.

RATEABLE VALUE.

The Rateable Value of the Administrative County in October, 1929, for County Rate purposes was £3,307,197, and a Penny Rate over the whole County represents the sum of £12,493.

PHYSICAL FEATURES AND CHIEF OCCUPATIONS.

The main industries which give the people of this county occupation are coal mining, carried on in the East and North-East and in a small area in the South-Western portion of the county, and agri-

culture, particularly in the Western and Central parts of the county. The staple industries in the extreme North-Western area of the county adjoining Lancashire are those connected with the cotton trade, whilst in the South-Eastern area adjoining Nottinghamshire the lace trade is the chief occupation. In this area, too, artificial silk manufactories absorb an appreciable portion of the population. In the Northern and North-Central areas the chief industries are quarrying, limestone crushing and lime burning, working and dressing millstone grit, and silica brick making. A number of these industries come under the heading of " Refractories Industries," some of which are known to be pre-disposed to pulmonary disease. This was the subject of a Special Report in my Annual Report for 1926, in which it was pointed out that there is reason to believe that the death rate from Phthisis amongst workers in these occupations has been considerably reduced.

In the extreme South-Western portion of the county, pottery manufacture is one of the prominent industries.

VITAL STATISTICS.

The Vital Statistics relating to each District in the County for the year under review are given in Tables II. and II(*a*). and the following are extracts from them, given in a form required by the Ministry of Health :—

		Males.	*Females.*	*Total.*	*Rate per 1,000 of population.*
Live Births	Legitimate	5,135	4,839	9,974	16·64
	Illegitimate ...	203	218	420	
Deaths		3,821	3,403	7,224	11·57

No. of women dying in or in consequence of childbirth	From sepsis	18
	From other causes	21

	Legitimate.	*Illegitimate.*	*Total.*
Deaths of infants under 1 year of age per 1,000 births	66·1	102·4	67·6
Deaths from Measles			20
Deaths from Whooping Cough			56
Deaths from Diarrhœa (under 2 years) ...			62

The slight increase in the Death Rate and the decrease in the Birth Rate are not peculiar to this County, but are reflected in the figures for England and Wales.

Infantile Mortality.—The Infantile Mortality rate for the year was 67·6 per thousand births. This is a slight increase on the previous year, which was 63·0, but compares favourably with the rate for England and Wales, which was 74·0, compared with 65·0 the previous year.

COUNTY OF DERBY. Year ending December 31st, 1929.

Table giving the Birth Rates and the Death Rates from several causes, in each of the URBAN Sanitary Districts of the County.

URBAN SANITARY DISTRICT.	MEDICAL OFFICER OF HEALTH.	AREA in acres (Land and Water).	POPULATION.				Estimated Population middle of 1929.	BIRTHS.	DEATHS.	Annual Rates per 1,000 of Estimated Population.						Infantile Death Rate per 1,000 Births.
			Census. 1911	Census. 1921	Ratio 1921 to 1911 Percentage.	Corrected Population 1921.				Birth Rate.	Death Rate.	Zymotic Death Rate.	Death Rate from continued Fever and Diarrhœal Diseases (under 2 years)	Phthisis Death Rate.	Respiratory Death Rate.	
ALFRETON	S. O. Bingham, M.R.C.S.	4,626	19,046	20,472	108	20,800	21,630	370	240	17·11	11·09	·32	·04	·32	1·66	62·1
ALVASTON AND BOULTON	C. F. Druitt, M.R.C.S., L.R.C.P.	1,321	1,398	1,620	115	1,632	2,313	44	27	19·02	11·67	...	...	·86	2·16	22·7
ASHBOURNE	E. A. Sadler, M.D.	573	4,059	4,144	102	4,166	4,504	56	42	12·43	9·32	·22	·22	·66	·88	89·2
BAKEWELL	C. W. Evans, M.B.	3,061	3,078	3,064	99	2,964	3,159	51	51	16·14	16·14	...	...	1·26	1·89	58·8
BASLOW	T. Fentem, M.D., D.P.H.	5,634	858	866	101	911	845	6	5	7·10	5·91	...	...	...	...	...
BELPER	R. C. Allen, M.R.C.S., D.P.H.	3,183	11,640	12,824	104	12,330	13,050	239	156	18·31	11·95	...	..	·46	1·45	66·9
BOLSOVER	W. Stratton, L.R.C.P.I.	4,955	11,214	11,475	102	11,700	12,750	251	99	19·69	7·76	·39	·23	·47	1·96	55·7
BONSALL	C. W. Sparks, M.R.C.S., L.R.C.P.	2,447	1,248	1,167	94	1,170	1,195	21	18	17·57	15·06	...	...	83	3·34	...
BRAMPTON AND WALTON	R. A. McCrea, M.B.	9,000	2,059	2,316	112	2,323	2,255	32	36	14·19	15·96	...	...	1 33	·88	31·2
BUXTON (Borough)	T. B. Flint, M.R.C.S.	3,101	13,760	15,641	114	14,790	17,030	227	199	13·33	11·68	·41	...	·53	1·58	57·2
CHESTERFIELD (Borough)	J. A. Stirling, M.B., D.P.H.	8,474	55,309	61,232	111	62,400	65,270	1,213	769	18·58	11 78	·52	·12	·59	1·62	67·6
CLAY CROSS	N. K. Sparrow, L.R.C.P.I.	1,467	8,365	8,686	104	8,840	8,727	178	101	20·39	11·57	·34	·23	·11	2·52	78·6
DRONFIELD	O. H. Hudson, M.R.C.S.	1,045	3,943	4,434	112	4,448	4,503	84	68	18·65	15·10	...	...	·44	1·77	83·3
GLOSSOP (Borough)	E. H. M. Milligan, M.D., D.P.H.	3,052	21,688	20,531	95	20,870	19,720	228	288	11·56	14·60	...	...	·71	2·89	70·1
HEAGE	R. C. Allen, M.R.C.S., D.P.H.	2,367	3,474	3,740	107	3,801	4,403	85	41	19 31	9·31	...	...	·90	·68	58·8
HEANOR	W. H. Turton, M.B.	3,509	19,851	21,436	108	21,870	23,050	374	235	16·23	10·19	·21	·04	·30	1·73	58·8
ILKESTON (Borough)	H. L. Barker, M.D., M.R.C.S., D.P.H.	2,526	31,657	32,266	102	32,980	33,260	585	415	17·59	12·48	·66	·21	·78	2·58	78·6
LONG EATON	J. Moir, M.B.	3,323	19,207	19,489	102	20,499	22,240	327	211	14·70	9·48	·90	...	·40	1·34	55·0
MATLOCKS	H. Fleming, M.B.	7,001	10,343	10,545	102	9,555	9,714	140	155	14 41	15·95	·20	...	·82	2·57	78·5
NEW MILLS	G. B. Pemberton, M.B., D.P.H.	5,204	8,998	8,490	94	8,590	8,967	123	92	13·71	10·26	...	...	·44	1·89	40·6
NORTH DARLEY	C. R. Wills, M.B.	5,142	3,317	3,264	98	3,219	4,196	60	44	14·30	10·48	·23	·23	·47	1·66	66·6
RIPLEY	R. A. Ryan, L.R.C.P.I.	2,815	11,848	13,292	112	13,560	13,940	237	148	17·00	10·62	·35	·14	·64	1·65	71·7
SOUTH DARLEY	J. L. Fletcher, M.B.	2,008	809	740	91	731	674	5	5	7·41	7·41	...	...	...	...	...
SWADLINCOTE	S. T. Cochrane, M.D., D.P.H.	3,670	18,674	20,012	107	20,440	21,090	336	223	15·93	10 57	·23	...	·52	1·42	101·2
WIRKSWORTH	W. S. G. Christie, M.B., Ch.B.	3,027	3,888	3,610	93	3,606	3,915	55	52	14·05	13·28	...	...	·25	1·78	...
TOTAL		92,531	289,731	304,856	105	308,095	322,400	5,327	3,720	16·52	11·54	·31	08	·55	1·82	67·0

COUNTY OF DERBY. Year ending December 31st, 1929.

Table giving the Birth Rates and the Death Rates from several causes, in each of the RURAL Sanitary Districts of the County.

RURAL SANITARY DISTRICT.	MEDICAL OFFICER OF HEALTH.	AREA in Acres (Land and Water).	POPULATION					BIRTHS.	DEATHS.	ANNUAL RATES PER 1,000 OF ESTIMATED POPULATION						Infantile Death Rate per 1,000 Births.
			Census 1911.	Census 1921.	Ratio 1921 to 1911 Percentage	Corrected Population 1921.	Estimated Pop'lation to middle of 1929.			Birth Rate.	Death Rate.	Zymotic Death Rate.	Death Rate from continued Fevers and Diarrhœal Diseases (under 2 yrs.)	Phthisis Death Rate.	Respiratory Death Rate.	
ASHBOURNE	H. H. Hollick, M.R.C.S.	70,380	10,294	10,367	101	10,300	10,500	184	125	17·52	11·90	·09	·09	·28	1·42	43·4
BAKEWELL	T. Fentem, M.D., D.P.H.	81,772	18,461	18,666	100	18,100	18,800	250	275	13·29	14·63	·05	·05	·42	1·27	72·0
BASFORD	W. H. Parkinson, M.D., D.P.H.	3,569	1,450	1,481	102	1,504	1,774	35	18	19·73	10·14	...		1·12	1·12	...
BELPER	R. Morrison, L.R.C.P. & S.	50,166	23,586	23,494	100	23,620	25,320	390	289	15·40	11·41	·04	...	·39	1·77	64·1
BLACKWELL	A. H. Wear, M.B., B.S., D.P.H.	21,237	39,306	41,880	107	42,450	44,670	853	497	19·10	11·12	·60	·35	·67	1·83	96·1
CHAPEL EN-LE-FRITH	G. Cochrane, M.B., D.P.H.	80,389	16,935	16,144	95	15,890	16,900	255	229	15·09	13·55	·23	·17	·53	1·18	47·0
CHESTERFIELD	H. Peck, M.D., D.P.H.	68,068	71,653	76,143	106	77,000	84,710	1,614	962	19·05	11·35	·39	·11	·40	2·01	65·0
CLOWN	W. Spencer, L.R.C.P.	13,428	17,844	17,506	98	17,730	18,670	302	172	16·18	9·21	·16	·05	·69	1·38	62·9
GLOSSOP DALE	E. H. M. Milligan, M.D., D.P.H.	17,891	4,009	3,780	94	3,810	3,846	39	65	10·14	16·90	...	...	·78	3·12	102·5
HARTSHORNE AND SEALS	R. W. Logan, M.R.C.S.	11,479	7,939	8,598	108	8,720	9,005	139	105	15·43	11·66	·55	·33	·66	1·55	71·9
HAYFIELD	G. B. Pemberton, M.B., D.P.H.	10,282	5,170	4,520	87	4,413	4,424	54	50	12·20	11·30	22	·22	·90	1·35	129·6
NORTON	D. Green, M.B., F.R.C.S.	8,738	3,919	4,639	118	4,570	5,661	56	65	9·89	11·48	...	...	1·59	1·59	53·5
REPTON	J. A. Watt, M.B., D.P.H.	54,272	16,133	16,500	102	16,420	18,270	296	193	16·20	10·56	·21	·11	·38	1·25	50·6
SHARDLOW	S. Hunt, M.R.C.S.	41,731	30,900	33,755	109	33,501	36,830	552	427	14·99	11·59	·29	·11	·65	1·38	67·0
SUDBURY	G. H. Herbert, M.R.C.S.	17,299	2,683	2,537	94	2,509	2,520	48	32	19·05	12·69	..	...	...	1·19	20·8
RURAL DISTRICTS		550,701	270,282	280,010	104	280,537	301,900	5,067	3,504	16·78	11·60	·32	·14	·53	1·66	68·2
URBAN DISTRICTS		92,531	289,731	304,856	105	308,095	322,400	5,327	3,720	16·52	11·54	·31	·08	·55	1·82	67·0
WHOLE COUNTY		643,232	560,013	584,866	104	588,632	624,300	10,394	7,224	16·64	11·57	·31	·10	·54	1·75	67·6

Births.—The Birth Rate for the year under review was 16·64, compared with 17·80, the rate for 1928. The figure for the year 1929 is again the lowest recorded. The numbers of registered live and still births among males and females, shewing legitimate and illegitimate separately, are as follows :—

	Legitimate.		*Illegitimate.*		*Total.*	
	Males.	*Females.*	*Males.*	*Females.*	*Males.*	*Females.*
Live Births	5,135	4,839	202	218	5,337	5,057
Still Births	266	226	12	15	278	241

Deaths.—7,224 deaths occurred during the year, giving a death rate of 11·57 per thousand of the population, as compared with 10·20, the rate for the previous year.

Zymotic Diseases.—The Zymotic Death Rate for the year was 0·31 per thousand of the population, as compared with 0·32, the rate for the previous year. This is the lowest rate yet recorded.

GENERAL PROVISION OF HEALTH SERVICES.

FEVER HOSPITALS.

The following table shows the accommodation at the various Isolation Hospitals in the County, and is compiled from information recently received from the various Hospital Committees :—

ISOLATION HOSPITAL ACCOMMODATION. TABLE III.

Authority.	*Hospital.*	*Situation.*	*Districts served.*	*Population. served (estimated 1929).*	*Accommodation.*			*Average daily no. of patients.*	*Cost per patient per week.*
					Ward Blocks.	*Wards.*	*Beds.*		
Belper Joint Hospital Committee ...	Belper	Heage	Alfreton U. Belper U. Heage U. Ripley U. Wirksworth U. Belper R.	82,258	3	6	83	36	£1 17s. 3d.
Chesterfield Joint Hospital Committee ...	Penmore	Penmore	Chest'field B. Brampton & W. U.	67,525	4	11	59	21	£5 1s. 11d.
North Derbyshire Joint Hospital Com.	Dronfield	Holmley Lane	Bolsover U. Clay Cross U. Dronfield U. Blackwell R. Chestd. R. Clown R. Norton R.	179,691	2	6	28	10·8	£4 3s. 7d.
	Mastin Moor.	Mastin Moor.			2	6	26	15·7	£3 10s. 7d.
	Morton	Morton			2	6	36	17·4	£2 17s. 2d.
	Langwith	Langwith			2	6	37	18·2	£2 12s. 3d.
High Peak Joint Hospital Committee ...	High Peak	Chinley	New Mills U. Chapel R. Hayfield R.	30,291	3	6	46	11	£5 9s. 5d.
Shardlow Joint Hospital Committee ...	Shardlow	Draycott	Alvaston U. Long Eaton U. Shardlow R.	61,383	2	6	50	15	£4 19s. 6d.

Authority.	*Hospital.*	*Situation.*	*Districts served.*	*Population. served. (estimated 1929).*	*Accommodation.*			*Average daily no. of patients.*	*Cost per patient per week.*
					Ward Blocks.	*Wards.*	*Beds.*		
Repton Joint Hospital Committee ...	Repton	Etwall	Repton R. Sudbury R. Ashbourne R. (certain Parishes).	23,652	2	4	36	7·1	£5 7s. 10d.
Ilkeston Hospital Committee	Ilkeston	Little Hallam	Ilkeston B.	33,260	2	4	25	3·75	£7 6s. 9d.
Buxton Corporation	Buxton	Ashwood Dale	Buxton B.	17,030	2	8	28	3·8	£3 17s. 4d.
Glossop Corporation	Gamesley	Gamesley	Glossop B.	19,720	3	6	26		
Haddon Joint Hospital Committee ...	Haddon	Haddon	Bakewell U. Baslow U. Bonsall U. Matlocks U. N. Darley U. S. Darley U. Bakewell R.	38,583	2	4	16		
Heanor U.D.C.	Heanor	Calladine House	Heanor U.	23,050	1	3	14		

SMALLPOX HOSPITAL ACCOMMODATION. TABLE III (a).

Authority.	*Name of Hospital.*	*Situation.*	*Districts served.*	*Population served.*	*Accommodation.*		*No. of beds on basis of 1 per 144 sq. ft. of floor space or in case of single wards, 1 per 120 sq. ft.*
					No. of Ward Blocks.	*No. of Wards.*	
Belper Joint Hospital Committee ...	Belper	Heage	Alfreton U. Belper U. Heage U. Ripley U. Wirksworth U. Belper R.	82,153	1	3	16
Chesterfield Joint Hospital Committee ...	Spital	Spital	Brampton & Walton U. Bolsover U. Chesterfield Boro' Clay Cross U. Dronfield U. Blackwell R. Chesterfield R. Clown R. Norton R.	247,681	3	5	40
Glossop Town Council	Gamesley	Gamesley	Glossop Boro'	19,640	3	5	15
Ashbourne Joint Hospital Board ...	Bradley Wood	Bradley Wood	Ashbourne U. Ashbourne R. Mayfield R.	15,127	3	3	7

Authority.	*Name of Hospital.*	*Situation.*	*Districts served.*	*Population served.*	*Accommodation.*		*No. of beds on basis of 1 per 144 sq. ft. of floor space or in case of single wards, 1 per 120 sq. ft.*
					No. of Ward Blocks.	*No. of Wards.*	
Haddon Joint Hospital Committee ...	Water Grove	Water Grove, Foolow, nr. Eyam	Bakewell U. Baslow U. Bonsall U. Matlocks U. N. Darley U. S. Darley U. Bakewell R.	38,689	1	2	6
Heanor Urban District Council ...	Calladine House	Heanor	Heanor U.	22,780	1	3	14
High Peak Joint Hospital Committee ...	High Peak	Chinley	New Mills U. Chapel R. Glossop Dale R. Hayfield R.	29,787	1	2	6
Long Eaton Urban District Council ...	Meadow Lane	Long Eaton	Alvaston and Bolton U. Long Eaton U. Shardlow R.	59,401	2	6	9
Repton Joint Hospital Committee ...	Etwall	Etwall	Ashbourne R. (certain Parishes) Repton R. Sudbury R.	23,781	1	2	6
Swadlincote Urban District Council ...	Swadlincote	Hearthcote Road	Swadlincote U.	21,350	2	4	19

Draycott Hospital.—The new cubicle block of 12 beds and the Nurses' Home at this Hospital were formally opened for the reception of cases in September, 1929, the contract price being £6,169. The cubicle block is centrally heated, and has a detached duty room, bath room, verandah, etc. The Nurses' Home includes seven bedrooms, bathrooms, sitting room, etc.

ISOLATION HOSPITAL ACCOMMODATION GENERALLY.

During the latter part of the year the provision of isolation hospital accommodation was considered by the Public Health Committee consequent on the passing of the Local Government Act, 1929, Section 63 of which makes it obligatory for the County Council to survey the existing hospital accommodation for the treatment of infectious diseases within or partly within the County, and upon completion of the survey to prepare, in consultation with the Councils of the various Districts, a scheme for submission to the Minister of Health.

A scheme drawn up under Section 63 may provide :—

(*a*) for the arrangements under which, and the terms upon which accommodation in any existing hospital belonging to the Council of a district shall be made available for the use of the inhabitants of the County other than those resident in the district ;

(*b*) for the provision by the County Council or by the Council of any district of new accommodation for the treatment of infectious diseases ;

(*c*) for embodying arrangements made between the County Council or the Council of any district and the Council of any adjoining County Borough for the reception of persons residing in the County Borough into hospitals provided by the County Council or District Council, and for the reception of persons residing within the county into hospitals provided by the Council of any County Borough.

Any scheme must be submitted to and approved by the Minister before becoming effective, and any Council affected may make representations to the Minister. If the County Council fail to submit a scheme within six months of being required to do so, the Minister, after consultation with the County Council and District Councils, may himself make a scheme.

I reported fully to the Public Health Committee on the present position within the County, and, as a result, a Special Sub-Committee has been appointed to consider my Report and to formulate a preliminary scheme in accordance with Section 63 of the 1929 Act.

As the whole matter is still *sub judice* at the time of writing this Report, I shall refer to it but briefly.

In preparing such a scheme, it is easy to fall into the mistake of building small uneconomical isolation hospitals. As in the case of other hospitals, a large, well-equipped, up-to-date isolation hospital is more likely to attract an efficient staff than is a small hospital where the work will be of insufficient magnitude and intermittent in character.

Isolation hospitals differ from ordinary hospitals in one noteworthy respect. As their name implies, they are primarily for the purpose of providing for those suffering from infectious disease accommodation where they can be isolated from other people, including their friends and relations. Consequently, it is not necessary for an isolation hospital to be so situated as to be easily available for visitors—in fact it is detrimental. The conveyance of a patient to a distant hospital is a simple matter in these days of motor ambulances. Therefore, I suggest that there are none of the usual reasons against large fever hospitals serving a large area and a large population, while, on the other hand, there are many reasons for this type of institution. One important reason for larger areas for isolation hospitals purposes is that a proportionately smaller number of beds is required. The usual standard taken is one bed per 1,000 of population in urban districts and one per 1,500 in rural districts. Even with this standard it is frequently found that in the case of a small hospital serving a small population an epidemic will rapidly overtax the limited number of beds.

In the days of the horse ambulance, when the present isolation hospitals were built, hospitals could only serve a small area. They were consequently small in size and large in numbers. In these days of motor ambulances, isolation hospitals should be large in size and small in numbers, supplying accommodation for large areas.

Whatever scheme is finally adopted, it is essential to my mind that it should comprise interchangeability of staff between the various hospitals, so that in time of epidemic in one area the staff of the hospital of that area could be reinforced by drawing from the staffs of hospitals where there is little work to do at that time. In this way the staffs of any particular hospital need not be so large as if that hospital had to depend entirely upon itself in times of epidemic. In the same way there should be interchangeability of patients. By this I mean that if the hospital for a particular area is full, that area, with a minimum of formality, should be able to find accommodation for its patients at a more distant hospital within the county.

Further, no scheme can be considered effective unless it provides adequate accommodation for the various types of notifiable diseases of a sporadic nature, such as encephalitis lethargica, cerebro-spinal fever, erysipelas, and even puerperal fever. Such accommodation can best be provided by the provision of cubicle blocks.

Grants to Isolation Hospital Committees.—The conditions under which the County Council gives grants towards the establishment expenses of isolation hospitals are set out in the Annual Report for 1925, pages 12 and 13.

Statistical Information.—Table IV. gives a summary of the cost of the Isolation Hospitals in the County during the year ended March 31st, 1929.

Cases removed to Hospital.—The following table gives the number of cases of infectious diseases notified in the various hospital districts and the number removed to hospitals :—

TABLE V.

CASES OF INFECTIOUS DISEASES NOTIFIED WITHIN THE FOLLOWING HOSPITAL DISTRICTS.

NORTH DERBYSHIRE HOSPITAL DISTRICT.

DISTRICT.	Estimated Population, 1929.	SMALL-POX.		SCARLET FEVER.		DIPHTH-ERIA.		ENTERIC FEVER.		TOTALS.	
		No. notified.	Removed to Hospital.	No. notified.	Removed to Hospital.	No. notified.	Removed to Hospital.	No. notified.	Removed to Hospital.	No. notified.	Removed to Hospital.
Bolsover U. ..	12750	120	120	47	28	10	6	—	—	177	154
Clay Cross U. ..	8727	52	52	75	32	5	4	—	—	132	88
Dronfield U. ..	4503	—	—	19	19	4	4	—	—	23	23
Blackwell R. ..	44670	130	130	239	174	44	41	2	1	415	346
Chesterfield R. ..	84710	133	133	376	297	154	134	4	1	667	565
Clowne R.	18670	—	—	44	35	16	15	—	—	60	50
Norton R.	5661	—	—	42	33	—	—	1	1	43	34
Totals ..	179691	435	435	842	618	233	204	7	3	1517	1260

CHESTERFIELD HOSPITAL DISTRICT.

Brampton&Walton U.	2255	—	—	3	2	3	—	—	—	6	2
Chesterfield Boro' ..	65270	24	24	145	103	187	166	2	1	358	294
Totals ..	67525	24	24	148	105	190	166	2	1	364	296

BELPER HOSPITAL DISTRICT.

Alfreton U. ..	21630	108	108	52	40	19	12	1	1	180	161
Belper U. ..	13050	63	63	43	40	4	4	—	—	110	107
Heage U. ..	4403	2	2	6	6	8	8	—	—	16	16
Ripley U. ..	13940	6	6	20	16	23	16	—	—	49	38
Wirksworth U. ..	3915	—	—	—	—	2	2	—	—	2	2
Belper R. ..	25320	40	40	44	33	11	8	1	—	96	81
Totals ..	82258	219	219	165	135	67	50	2	1	453	405

TABLE IV.

STATISTICAL INFORMATION RELATING TO ISOLATION HOSPITAL COMMITTEES APPLYING FOR A GRANT.

Year ended March 31st, 1929.

Name of Hospital.	Belper.	Chesterfield—Penmore. Infectious Diseases.	Chesterfield—Penmore. *Tuberculosis.*	Dronfield.	Mastin Moor.	Morton.	Langwith.	High Peak.	Shardlow.	Repton.	Ilkeston.
Total Number of Beds in Hospital	83	60	18	28	26	36	37	46	38	36	25
Number of beds in accordance with Ministry's requirements	18	30	—	18	18	18	24	14	18	10	10
Population of Hospital District 1929	82,258	67,525		179,691				30,291	61,383	23,652	33,260
Cases Admitted during year ended March 31st, 1929 :—											
Smallpox	205	—	—	—	—	130	—	1	—	—	43
Scarlet Fever	93	72	—	95	99	60	137	76	128	46	11
Diphtheria	29	121	—	18	49	55	49	15	44	17	3
Typhoid Fever	—	1	—	4	3	—	—	1	—	—	—
Other Diseases	1	17	38	2	1	1	—	—	—	—	—
TOTAL	328	211	38	119	152	246	186	93	172	63	57
Average number of patients in Hospital each day	36	21	13·50	10·8	15·7	17·4	18·2	11·0	15·0	7·1	3·75
Permanent Staff residing in Hospital	12	19	5	9	9	15	12	11	14	6	6
Non-resident Staff in addition to Clerk and Doctor	3	4	1	1	1	—	1	4	—	2	1
Average number of days each case in Hospital	23·48	32·76	98·58	30·8	35·6	24·8	33·18	41·1	29	34·45	22·8

SUMMARY OF EXPENDITURE :—	Belper. Cost. £	Belper. Average Cost per patient per week. £ s. d.	Chesterfield—Penmore. Infectious Diseases. Cost. £	Chesterfield—Penmore. Infectious Diseases. Average Cost per patient per week. £ s. d.	Chesterfield—Penmore. *Tuberculosis.* Cost. £	Chesterfield—Penmore. *Tuberculosis.* Average Cost per patient per week. £ s. d.	Dronfield. Cost. £	Dronfield. Average Cost per patient per week. £ s. d.	Mastin Moor. Cost. £	Mastin Moor. Average Cost per patient per week. £ s. d.	Morton. Cost. £	Morton. Average Cost per patient per week. £ s. d.	Langwith. Cost. £	Langwith. Average Cost per patient per week. £ s. d.	High Peak. Cost. £	High Peak. Average Cost per patient per week. £ s. d.	Shardlow. Cost. £	Shardlow. Average Cost per patient per week. £ s. d.	Repton. Cost. £	Repton. Average Cost per patient per week. £ s. d.	Ilkeston. Cost. £	Ilkeston. Average Cost per patient per week. £ s. d.
1. Provisions	840	9 0	751	13 9	544	15 6	332	11 10	427	10 6	447	9 11	481	10 3	532	18 7	744	19 1	340	18 5	252	1 5 10
2 Drugs and Medical Appliances	65	8	111	2 0	73	2 1	47	1 8	61	1 6	55	1 3	47	1 0	42	1 6	109	2 10	50	2 8	9	11
3 Furniture, Linen, &c.	313	3 4	780	14 4	53	1 6	147	5 3	139	3 5	172	3 10	226	4 9	348	12 2	570	14 8	154	8 4	94	9 8
4 Fuel	397	4 3	541	9 11	23	8	105	3 9	138	3 4	162	3 7	102	2 2	282	9 10	330	8 5	176	9 6	123	12 7
5. Salaries	1,411	15 1	1,539	1 8 2	465	13 3	781	1 7 9	777	19 0	901	19 10	814	17 2	1,053	1 16 10	969	1 4 10	639	1 14 7	538	2 15 2
6 Administration	300	3 2	415	7 7	31	11	245	8 9	267	6 7	293	6 6	234	4 11	263	9 2	251	6 5	203	11 0	87	8 11
7 Renewals and Repairs	—	—	484	8 10	—	—	303	10 10	688	16 10	88	1 11	26	7	162	5 8	105	2 8	—	—	58	5 11
8 Loans—Repayment and Interest	29	4	856	15 8	—	—	368	13 1	375	9 2	457	10 1	485	10 3	393	13 9	761	19 6	387	1 1 0	—	—
9. Transport	98	1 1	24	5	3	1	20	8	9	3	11	3	56	1 2	55	1 11	42	1 1	38	2 1	50	5 2
10 Miscellaneous and other expenditure	34	4	66	1 3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4	3	220	1 2 7
TOTALS	3,487	1 17 3	5,567	5 1 11	1,192	1 14 0	2348	4 3 7	2,881	3 10 7	2,586	2 17 2	2,471	2 12 3	3,130	5 9 5	3,881	4 19 6	1,991	5 7 10	1,431	7 6 9
Provisions (Patients and Staff) per head per week	6 9		7 2		11 3		6 5		6 8		5 4		6 2		9 4		9 10		10 2		9 11	
Name of Medical Superintendent	R. C. Allen		J. A. Stirling.				H. Peck								N. Kennedy		C. H. Latham		John A. Watt		H. L. Barker.	
Name of Clerk	George Pym		J. L. Feather.				W. E. Wakerley								W. B. Bunting		J. Spencer		H. S. Askew			
Grant due in accordance with Reports of Council, April 17th, 1907, and July 7th, 1920.	300 0 0		466 10 0				1,176 0 0								235 10 0		295 10 0		175 13 0		121 17 6	

July, 1930.

§ County Council Grant only given for one bed per 2,000 of Population, in accordance with the Ministry's requirements.

TOTAL EXPENDITURE ON DERBYSHIRE ISOLATION HOSPITALS = £29,773.

TOTAL GRANTS (INCLUDING £30 FOR HADDON JOINT HOSPITAL COMMITTEE) = £2,801 0s. 6d.

W. M. ASH
JOHN HUNT.

and July 7th, 1920.

ILKESTON HOSPITAL DISTRICT.

Ilkeston Boro' ..	33260	4	4	69	42	7	3	1	—	81	49

SHARDLOW HOSPITAL DISTRICT.

Alvaston & Boulton U.	2313	3	3	9	3	3	2	—	—	15	8
Long Eaton U. ..	22240	1	1	55	46	8	8	—	—	64	55
Shardlow R. ..	36830	5	5	104	76	21	14	1	1	131	96
Totals ..	61383	9	9	168	125	32	24	1	1	210	159

REPTON HOSPITAL DISTRICT.

DISTRICT.	Estimated Population. 1929.	SMALL-POX.		SCARLET FEVER.		DIPHTHERIA		ENTERIC FEVER.		TOTALS.	
		No. notified.	Removed to Hospital.	No. notified.	Removed to Hospital.	No. notified.	Removed to Hospital.	No. notified.	Removed to Hospital.	No. notified.	Removed to Hospital.
Ashbourne R. (certain Parishes only)	2862	—	—	16	12	—	—	—	—	16	12
Repton R. ..	18270	—	—	51	44	13	13	2	1	66	58
Sudbury R. ..	2520	—	—	—	—	—	—	—	—	—	—
Totals ..	23652	—	—	67	56	13	13	2	1	82	70

HADDON HOSPITAL DISTRICT.

Bakewell U. ..	3159	—	—	3	3	—	—	—	—	3	3
Baslow U. ..	845	—	—	1	—	—	—	—	—	1	—
Bonsall U. ..	1195	—	—	—	—	—	—	1	—	1	—
Matlocks U. ..	9714	—	—	48	42	6	—	—	—	54	42
North Darley U. ..	4196	2	2	8	6	4	1	—	—	14	9
South Darley U. ..	674	—	—	—	—	—	—	—	—	—	—
Bakewell R. ..	18800	—	—	58	49	8	7	2	—	68	56
Totals ..	38583	2	2	118	100	18	8	3	—	141	110

HIGH PEAK HOSPITAL DISTRICT.

New Mills U. ..	8967	—	—	26	23	3	1	—	—	29	24
Chapel R.	16900	—	—	50	45	11	10	—	—	61	55
Hayfield R. ..	4424	—	—	7	7	2	—	1	—	10	7
Totals ..	30291	—	—	83	75	16	11	1	—	100	86

BUXTON HOSPITAL DISTRICT.

Buxton (Boro') ..	17030	—	—	63	63	39	39	—	—	102	102

TUBERCULOSIS HOSPITALS.

Four hospitals for the accommodation of cases of tuberculosis are maintained by the County Council, namely :—

1. Walton Sanatorium.
2. Penmore Pavilion.
3. Bretby Hall Orthopædic Hospital.
4. Whitworth Hospital.

The accommodation for cases of tuberculosis at the latter hospital consists of a detached block of six beds, and is used for the accommodation of males suffering from advanced pulmonary tuberculosis. It stands in the grounds of the Whitworth Hospital, and was opened for the reception of tuberculosis patients on July 1st, 1929.

Penmore provides accommodation for 16 females suffering from advanced pulmonary tuberculosis.

Bretby Hall has 55 beds for surgical tuberculosis in children, and at the time of writing this Report a new block of two six-bedded wards and a series of double and single bedded cubicles totalling 32 beds is approaching completion.* This block will be used for the accommodation of adult patients of both sexes suffering from surgical tuberculosis.

Further information concerning these Institutions will be found on pages 83—110.

MATERNITY HOMES.

The County Council have provided Maternity Homes at Ashbourne and Ripley, and have contracted with the Chesterfield Corporation for the use of four beds at the Chesterfield Maternity Home and with the Nightingale Home, Derby, for the use of two beds.

Ashbourne.—During the year 1929, 117 cases were admitted to the new maternity home. Of these, 110 were delivered by midwives and seven by doctors.

During the financial year ended March 31st, 1930, the number of patients admitted to this Home was 112, the percentage of beds occupied being 50·2. The gross cost during the year was £1,809, (including £569 for repayment of loan and interest). The sum of £528 was received as fees from patients, leaving a net cost to the County Council of £1,281.

Ripley.—During 1929, 178 patients were admitted to this Home. Of these, 135 were delivered by midwives and 31 by doctors, 10 were admitted on account of miscarriage, and two were undelivered at the end of 1929. During the financial year ended March 31st,

*Opened for reception of patients 18/7/1930.

1930, the number of admissions was 164, the percentage of beds occupied being 95·7. The gross cost during the year was £1,159 (including £76 for repayment of loan and interest). The sum of £755 was received as fees from patients, leaving a net cost to the County Council of £404.

Chesterfield.—During 1929, 148 cases were admitted from the County area, of whom 45 were normal cases paying the full fee.

Nightingale Home.—During 1929, 5 cases were admitted to this Home from the County area, under the Agreement between the County Council and the Authorities of the Home.

With the exception of the Nightingale Home, each of the above-mentioned Maternity Homes provides accommodation for unmarried mothers, but for the first confinement only. For subsequent confinements the unmarried mother can be provided with accommodation at most of the Poor Law Institutions, nearly all of which provide adequate accommodation for maternity cases. In the course of my inspection of Poor Law Infirmaries during the year, I was struck with the small use made of accommodation provided in Poor Law Institutions. Whatever is the cause of the unpopularity of these Institutions for maternity cases (and one may make a shrewd guess as to what that cause is), no steps should remain untaken which would tend to bring this available accommodation into greater popularity.

OTHER HOSPITALS.

Within the County Area.	*No. of beds.*
Derbyshire Royal Infirmary	338
Derby & Derbyshire Women's Hospital ...	54
Derbyshire Hospital for Sick Children ...	52
Chesterfield & North Derbyshire Royal Hospital	190
Queen Victoria Memorial Home of Rest ...	32
Ilkeston Maternity Home	9
Wood's Hospital, Glossop	16
Buxton & District Cottage Hospital ...	28
Devonshire Hospital, Buxton	300
Bakewell & District War Memorial Cottage Hospital	10
Whitworth Hospital, Darley Dale	14
Ashbourne Victoria Memorial Cottage Hospital	12
Wirksworth Cottage Hospital	7
Ripley Cottage Hospital	18
Ilkeston Cottage Hospital	60
Heanor Memorial Hospital	15
Heanor Maternity Home	8

Without the County Boundary but available for County cases.

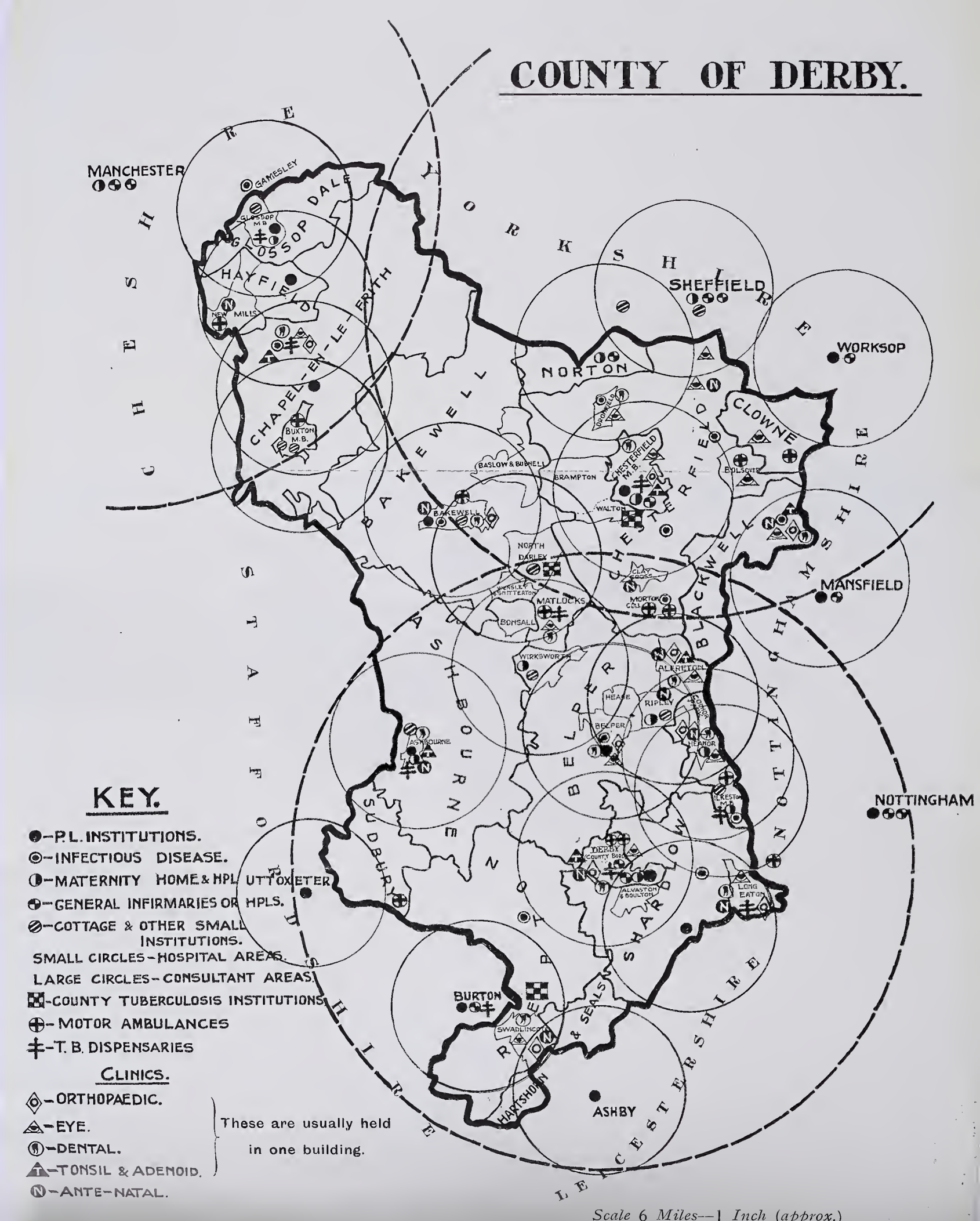
Sheffield Royal Infirmary.
Sheffield Royal Hospital.
Jessop Hospital for Women, Sheffield.
Mansfield District Hospital.
St. Mary's Hospital, Manchester.
Royal Infirmary, Manchester.
Stockport Infirmary.
Burton-on-Trent General Infirmary.

It is impossible to leave the subject of hospital accommodation without referring to the Local Government Act, 1929. The hospital provisions of this Act are amongst the most important. Section 14 of the Local Government Act, 1929, extends the meaning of " Local Authority " for the purposes of Section 131 of the Public Health Act, 1875, and Section 64 of the Public Health Act, 1925, to include County Councils. Section 131 of the 1875 Act gives powers to Local Authorities to provide hospitals for the treatment of the sick. They may build such hospitals, contract for the use of any such hospital, or part of a hospital, or enter into an agreement with the managing body of a hospital for the reception of the sick on payment of an agreed sum. Further, Section 16 of the Local Government Act, 1929, gives powers to Local Authorities to recover the cost of treatment, other than the treatment of infectious diseases, which include tuberculosis and venereal diseases. The Public Health Act, 1925, extends the powers under Section 131 of the Public Health Act, 1875, to include power to make a reasonable subscription or donation to a Voluntary Hospital or Institution if the Local Authority are satisfied that by so doing they will maintain or extend or increase the hospital accommodation for the sick inhabitants of their district.

As to the necessity for the provision of hospital accommodation, it is impossible to prevent a large amount of sickness, therefore it becomes necessary to consider whether the sick are able to obtain that treatment for their cure or relief of their sufferings which modern medicine and surgery can provide. Firstly, modern advancement in medicine and surgery frequently requires an environment for its application very different from the patient's home. Secondly, the housing conditions obtaining amongst the poorer classes of the population do not lend themselves to proper treatment and nursing of the sick. It follows that there must be available hospital accommodation acceptable to the mass of the population and sufficiently near patients' homes to enable relatives to visit without undue expense and inconvenience.

It is impossible in rural areas to have all the facilities obtainable in large towns, but I think it can be shown that in Derbyshire there are existing voluntary and other institutions sufficiently near the homes of each of the inhabitants to provide hospital accommodation for

COUNTY OF DERBY.



KEY.

- ●–P.L. INSTITUTIONS.
- ⊙–INFECTIOUS DISEASE.
- ◑–MATERNITY HOME & HPL
- ⊕–GENERAL INFIRMARIES OR HPLS.
- ⊘–COTTAGE & OTHER SMALL INSTITUTIONS.

SMALL CIRCLES–HOSPITAL AREAS.

LARGE CIRCLES–CONSULTANT AREAS.

- ⊠–COUNTY TUBERCULOSIS INSTITUTIONS.
- ⊕–MOTOR AMBULANCES
- ‡–T. B. DISPENSARIES

CLINICS.

These are usually held in one building.

- ◇–ORTHOPAEDIC.
- ◬–EYE.
- (D)–DENTAL.
- T–TONSIL & ADENOID.
- (N)–ANTE-NATAL.

Scale 6 Miles—1 Inch (approx.)

There is a Cottage Hospital at Heanor not shown on the map.

the ordinary type of case, at present recognised as suitable for admission to a general hospital, on an average within five miles of any home in the County. The great difficulty which has hitherto existed in administering rural areas is that of distance. This difficulty can now be reduced to negligible proportions by means of the motor car and the telephone, so that with these modern amenities there is no insuperable difficulty in providing in rural areas adequate hospital accommodation easily accessible to the people. Moreover, it is possible to provide the best Consultant opinions at these hospitals from the great centres at Manchester, Sheffield, and Derby without entailing a journey of much more than 20 miles on the part of the Consultant, and therefore at no great delay or expense. Such a system of Consultant Service I have already instituted for the purpose of the Puerperal Fever and Puerperal Pyrexia Regulations, and the experience gained in this connection, has been most encouraging.

The present position as to institutional accommodation in Derbyshire is best understood by reference to the map I have prepared, which shows the existing institutions, the types of those institutions, and their relative positions. It shows also the present provision of ambulance services within the County and the various institutions necessary for the conduct of the School Medical, Tuberculosis and Ante-natal services of the County Council. It will be seen at once that there are institutions of various kinds for the treatment of the sick so situated that, generally speaking, the County is well provided. However, it will be noted that there is a vast amount of overlapping, *i.e.*, that there are too many instances of a small centre of population possessing two to three, and sometimes more, institutions for the treatment of the sick, each confining its activities to one type of case or to one class of person. Nothing could be more wasteful both in money and *personnel*. Seldom will the population of a County area be sufficient to warrant such separation and detachment of institutions. **As a general policy, there should be one hospital for any area, and the work of that hospital should be as comprehensive as medical and other circumstances permit.** Wherever possible, such a hospital should receive medical, surgical, obstetrical and gynæcological cases. It should also comprise children's wards, and, where necessary, provide accommodation for School Clinics, Maternity and Child Welfare Centres and Tuberculosis Dispensaries. In this way the hospital would become centres of both preventive and curative medicine.

As regards Poor Law hospitals, although the medical functions of Boards of Guardians very largely consisted of the provision of institutional accommodation for the sick, unfortunately it has been the custom in the past to provide such hospital accommodation on premises within the same curtilage as accommodation for healthy paupers, and, generally speaking, it is going to be difficult to separate effectively a part of such a combined institution so that it could be appropriated for hospital services under a Committee other than the Public Assistance Committee.

Poor Law hospitals cannot be transferred to the Public Health Committee while the Public Assistance Committee has charge of

any portion of the Poor Law Institution concerned which cannot be effectively separated, for a Declaration in accordance with Section 5 of the Local Government Act must be postponed in a County which does not possess separate hospitals for the sick or institutions which could be allocated for this purpose, or institutions from which a part might be separated effectively and appropriated for hospital purposes under a separate Committee.

In developing the hospital services, regard should be given to the size and situation of a hospital, remembering that small institutions are uneconomical to run, and that there is no need for a large number of small institutions in these days of easy and quick travel when a hospital can be made to provide accommodation for a considerable area.

Section 13 of the 1929 Act places it as a duty upon the County Council, when making provision for hospital accommodation, to consult the governing bodies and medical and surgical staffs of Voluntary Hospitals providing services in the County. This Section is, to my mind, an indication that it is the intention of the Act to preserve existing voluntary institutions, wherever possible, and, moreover, it must be admitted that voluntary hospitals have fulfilled and are fulfilling, useful functions. It is my opinion that they can continue to do so, providing they are prepared to keep pace with modern requirements.

Nevertheless, I think it should be clearly understood that the Aet empowers County Councils to provide hospital accommodation, and in providing that accommodation the County Council would naturally take into full consideration the needs of modern medicine and surgery, and would, I assume, not adopt the policy of supporting small institutions which fall behind in the march of medical progress or are too small to function properly and economically, or of supporting hospitals that will not take a comprehensive view and will admit only this or that type of case irrespective of the needs of the district, making it necessary to have other small hospitals for the accommodation of those types of case they do not require.

I believe that an efficient and adequate " general hospital " system throughout Derbyshire is easily within the bounds of practicability. There is a good foundation on which to build, not forgetting, however, that adequate accommodation for convalescents will do much towards relieving beds in general hospitals for acute diseases.

I hear of long " waiting lists " at hospitals ; I hear of rapid discharge from hospital so as to provide vacancies to cut down these waiting lists, which means that many are sent from hospital who are unable to face the strain of life. Accommodation for the treatment of the sick must include adequate accommodation in convalescent homes where the sick can recuperate sufficiently to enable them on discharge from hospital to go back to work. This is sometimes provided in conjunction or co-operation with the general hospitals, but often there are no such facilities.

The foregoing remarks refer principally to hospital accommodation in cases of acute disease. There is another type of case altogether which presents an entirely different problem—I refer to the problem of providing the necessary treatment for sufferers from chronic disease or protracted ill-health, which requires a stay in hospital of a prolonged though not indefinite period.

Under modern conditions, family life is rapidly disappearing The old family house with ample accommodation is becoming metamorphosed into maisonnettes, flats, or " rooms," into which the parents retire as the younger members of their family grow up and go out into the world to earn their living, and to add still further to the rapidly increasing army of " room " dwellers. In these circumstances there is little accommodation for a person so situated and unfortunate enough to be suffering from protracted illness.

There are many young and middle-aged people in this position, entirely dependent upon their earnings and without any accommodation in the event of chronic sickness. The mere anticipation of sickness in these circumstances gives rise to extreme mental distress.

The Poor Law hospital is not the proper solution to the problem : nor does the National Health Insurance system adequately provide what is required, namely, institutional accommodation. It is a public health matter concerning the health of a considerable and increasing proportion of the population.

It is very largely due to its prolonged course that surgical tuberculosis is not, as a rule, admitted to general hospitals. No busy general hospital can afford to set apart a bed for the accommodation of one case for eighteen months to two years, as is frequently required for the treatment of surgical tuberculosis. Consequently, a duty has been placed upon County Councils to provide accommodation for this class of case, such, for-instance, as is provided in this County at Bretby Hall. What I am suggesting is that this principle should be extended to protracted diseases other than tuberculosis. As a matter of fact, accommodation very much on the lines of the new block which is nearing completion at Bretby—a block containing single and double bedded cubicles and small wards—is required for the treatment of chronic cases, both neurological and physical. With such accommodation the patients may get privacy, if they require it, during their prolonged stay in hospital.

I see no difficulty whatever in organising such a scheme, except the preliminary steps of moulding public opinion to the very urgent need for it, and finding the necessary funds without further call on the rates.

Many millions of pounds are spent annually in this country on various public services, which may be desirable, but are they so urgently required as the particular service I have mentioned? Public opinion must decide.

Perhaps we might see ourselves in the right perspective if we consider for a moment the conditions in Peru in the early part of the Sixteenth Century, of which Prescott writes thus :—

> "When a man was reduced to poverty or misfortune (it could hardly be by fault), the arm of the law was stretched out to minister relief: not the stinted relief of private charity nor that which is doled out drop by drop, as it were, from the frozen reservoirs of 'the parish,' but in generous measure, bringing no humiliation to the object of it, and placing him on a level with the rest of his countrymen."

Are we satisfied that to those who are reduced to poverty and the consequent mental distress through the misfortune of chronic sickness, we are stretching out in generous measure the alleviation that, given the right environment, medical science and good nursing can effect, without bringing humiliation to the object of it?

AMBULANCE FACILITIES.

(*a*) For Infectious Cases.—Motor ambulances for the conveyance of patients are now provided in connection with eight of the isolation hospitals. At Ilkeston there is a horse ambulance, and there are also horse ambulances at Belper and High Peak Hospitals in addition to motor ambulances. The Smallpox Hospital at Spital is provided with a motor ambulance.

(*b*) For Non-infectious and Accident Cases.—The telephone numbers of the various Derbyshire Red Cross Society's Ambulance Stations throughout the County are set out below:—

Address.	*Telephone No.*
Bakewell, Council Garage	Bakewell 4 or 70
Buxton, Sander's Garage	Buxton 76
Derby, Fire Station	Derby 1
Derby, Midland Drapery Co., Ltd.	Derby 1361 or 967
Ilkeston, Town Hall	Ilkeston 161 or 36
Matlock, Town Hall	Matlock 1 or 7
New Mills, Hague Bar Road	New Mills 154 or 48
Sudbury, The Hall Garage	Sudbury 5 or 1
Morton, The Station Hotel	Tibshelf 19(y)1
Morton, Colliery	Clay Cross 35
Dronfield, Fire Station	Dronfield 12 or 26
Church Gresley, Colliery	Swadlincote 133
Creswell, Colliery Institute Garage... ...	Creswell 8 (8 a.m. to 10 p.m.) Creswell 14 (10 p.m. to 8 a.m.)
Stapleford, Bennett's Garage, Derby Road...	Sandiacre 37
Bolsover, Council Offices	Bolsover 5

CLINICS AND TREATMENT CENTRES.

Maternity and Child Welfare Centres.—The County Council provides under its Maternity and Child Welfare Scheme, 49 Infant Welfare Centres, 19 of which are situate in Urban Districts, and 30 in Rural Districts. The majority of these Centres hold weekly sessions, and all are under the supervision of a doctor. A Health Visitor is in attendance at each session.

Details of these Centres are set out in the following Table:—

TABLE VI.

Infant Welfare Centres.

Address.	Whether Sessions are held weekly, fortnightly, etc.	Day and time of Meeting.	Average Attendance per Session.		No. Attended for First Time.		Present arrangements for medical supervision.
			Expectant Mothers	Children.	Expectant Mothers.	Children.	
AN DISTRICTS.							
CTON.							
M. Church, Somercotes	Fortnightly	2nd and 4th Mons., 2—5	0·04	26·01	2	77	Dr. Pooler, Fortnightly
ol Clinic, Grange Rd., Alfreton	Weekly	Wednesday, 2—5	Nil	26·77	Nil	140	Dr. Pooler, Weekly
ngregational Assembly Room, Riddings	Fortnightly	1st & 3rd Mons., 2—4	0·30	35·70	3	54	Dr. Pooler, Fortnightly
URNE.							
.. John's Rooms, Ashbourne	Weekly	Wednesday, 12—4	1·32	30·02	34	162	Dr. Pierce, Fortnightly
WELL.							
iberal Club	Weekly	Thursday, 2—4	1·83	15·45	20	53	Dr. E. Stephens, Fortnightly
ER.							
reen Hall, Belper	Weekly	Thursday, 2—4	0·32	32·02	8	179	Dr. Purce, Monthly
VER.							
aurch Hall, Bolsover	Fortnightly	1st & 3rd Tues., 2—4	0·06	28·70	1	69	Dr. Pooler, Fortnightly
ainbridge Hall, New Bolsover	Fortnightly	2nd & 4th Thurs., 2.30—5	Nil	11·33	Nil	8	Dr. Pooler, Fortnightly
Cross.							
ie Vicarage, Clay Cross	Weekly	Wednesday, 1.30—4	2·04	43·07	37	144	Dr. Pooler, Weekly
IELD.							
ng. Chapel, Dronfield	Weekly	Monday, 1—4	0·02	21·72	Nil	64	Dr. Burke, Monthly
DR.							
hool Clinic, Heanor	Weekly	Monday, 1—4	0·37	53·12	11	222	Dr. Macdonald, Weekly
esleyan Schoolroom, Langley Mill	Fortnightly	1st & 3rd Weds., 2—4	0·28	15·14	Nil	8	Dr. Macdonald, monthly
EATON.							
Notts. Road, Long Eaton	Twice Weekly	Mon. & Thurs., 2.30—4	Nil	62·55	Nil	278	Dr. Moir, weekly
es. Schoolroom, Victoria Street, Sawley	Fortnightly	2nd & 4th Tuesdays, 2—4	Nil	21·47	Nil	23	Dr. Moir, Fortnightly
MILLS.							
James' Schoolroom, New Mills	Weekly	Thursdays, 2—4	0·54	26·64	1	137	Dr. Pemberton Fortnightly
Y.							
ll Schools, Outram Street	Weekly	Monday, 10—4	0·81	67·37	5	122	Dr. Macmillan, Weekly
thel Chapel Marehay.	Weekly	Thursdays, 10—12	0·42	47·74	9	60	Do.
INCOTE.							
exandra Road, Swadlincote	Weekly	Monday, 2—6	2·56	50·79	67	219	Dr. Cochrane, Monthly
WORTH.	Weekly	Thursday, 2—4.30	0·50	31·74	3	105	Dr. Haine, Fortnightly
irish Room, Wirksworth							

* Closed September, 1929. † Closed April, 1929.

Address.	Whether Sessions are held weekly, fortnightly, etc.	Day and time of Meeting.	Average Attendance per Session.		No. Attended for First Time.		Pres arrange for me superv
			Expect-ant Mothers	Chil-dren.	Expect-ant Mothers	Chil-eren.	
RURAL DISTRICTS.							
BAKEWELL.							
The Institute, Tideswell	Fortnightly	1st & 3rd Thursdays 1—5	0·86	15·36	2	17	Dr. Brya Montl
BELPER.							
*Council Room, Crich	Do.	2nd & 4th Thursdays, 2—4	Nil	15·50	Nil	4	Dr. Maed Montl
Parish Room, Duffield	Weekly	Monday, 2—4	0·08	11·16	1	54	Dr. Hain Fortn
BLACKWELL.							
Cliff House, Shire-brook	Weekly	Wednesday, 2—4	0.81	36·39	10	184	Dr. Wea Week
Pleasley. Wesleyan Mission Room	Fortnightly	2nd & 4th Thursdays, 2—4.30	0·22	28·36	3	41	Dr. Wea Fortn
Langwith. Miners' Institute.	Do.	1st & 3rd Mon., 3—5	2·20	74·04	7	54	Do.
Tibshelf. Ch. Mission Room.	Do.	1st & 3rd Ths., 2.30—4.30	0·08	22·60	2	31	Do.
Blackwell. Newton, Church Hall	Do.	1st & 3rd Mon., 1—3	0·04	23·50	Nil	46	Do.
Hillstown. Miners' Welfare Inst.	Do.	2nd & 4th Mon., 1—5	0·22	36·37	2	2	Do.
Pinxton. Prim. Meth. School,	Do.	2nd and 4th Wednesdays 11.0—1.0	0·04	16·50	1	43	Do.
South Normanton. Mount Tabor Chapel	Do.	2nd & 4th Tues. 1.30—4	0·16	24·87	4	66	Do.
CHESTERFIELD.							
Eckington. WesleyanSchoolroom	Weekly	Mon., 1 to 4	0·14	32·49	Nil	99	Dr. Morr Fortn
Barrowhill. Church Hall	Weekly	Mon., 2—4	0·34	32·40	7	123	Dr. Burk Montl
Unstone. Wesleyan Church	Weekly	Tues., 2—4	0·17	13·70	Nil	26	Dr. Burk Fortn
Staveley. P.M. Chapel	Weekly	Tuesday, 1.30—4.30	0·46	17·91	4	74	Dr. Peck Montl
Heath. Holmwood Mission Room	Weekly	Monday 2.30—4.30	0·23	24·95	Nil	31	Dr. Peck Montl
Stonebroom. Church Institute	Weekly	Monday, 10—12.30	0·31	22.54	4	42	Dr. Pool Weekl
*Shirland. Workmen's Institute	Weekly	Thursday, 10—12.30	Nil	7·18	Nil	3	Dr. Pool Fortn
Grassmoor. P.M. School	Weekly	Monday, 2—4	0·48	28·72	3	52	Dr. Burk Fortn

* Closed March, 1929.

Address.	Whether Sessions are held weekly fortnightly, etc.	Day and time of Meeting.	Average Attendance per Session.		No. Attended for First Time.		Present arrangements for medical supervision.
			Expectant Mothers	Children.	Expectant Mothers	Children	
North Wingfield. The Rectory School	Weekly	Thursday, 2.30—4.30	0·12	23·92	5	68	Dr. Pooler, Fortnightly
Brimington. Church Hall	Weekly	Thursdays, 2—4	0·16	20·64	Nil	67	Dr. Burke Fortnightly
Beighton. C. of E. Schoolroom	Weekly	Tuesday, 2—4	0·61	45·95	7	182	Dr. Morris, Fortnightly
Killamarsh. Free Church Room	Weekly	Wednesday, 2—4	0·87	55·71	5	188	Dr. Morris, Fortnightly
CLOWNE							
W.M. Chapel, Clowne	Weekly	Tuesday, 1.30—4	0·45	16·08	2	82	Dr. Wear, Fortnightly
ASTON-ON-TRENT & SEALS.							
W.M. School, *Overseal	Weekly	Monday, 10.30—4	0·15	10·07	1	11	Dr. J. H. Moir, Monthly
HAYFIELD.							
Wesleyan Methodist Church, Hayfield.	Fortnightly	2nd & 4th Tuesdays, 2—4	0·58	17·04	2	21	Dr. Lynch.
HOLLOW RURAL.							
Brenton Street School, Sandiacre	Fortnightly	2nd & 4th, Mondays, 2—4.15	0·15	28·21	1	42	Dr. Hendry, Fortnightly
Co-op. Stores Committee Rooms, Draycott	Do.	2nd & 4th Wednesdays, 1.30—4	0·60	14·55	2	27	Dr. Hendry, Fortnightly
Longdon. Wesleyan Chapel	Do.	1st & 3rd Tuesdays, 11—4.30	0·47	14·98	Nil	43	Dr. Hendry, Fortnightly
Brooks Institute, Melbourne	Weekly	Wednesday, 10.15—5	Nil	29·29	Nil	44	Dr. Hendry, Fortnightly

* Closed March, 1929.

ANTE-NATAL CLINICS.

MISS E. E. STEPHENS, M.D. London (Gynæcology and Obstetrics) attends at all sessions of the Ante-Natal Clinics.

Name of Clinic.	*Day and time of opening.*
HEANOR— The School Clinic.	1st and 3rd Mondays, 2.0 to 4.0.
SHIREBROOK— The School Clinic, Cliff House	2nd and 4th Mondays, 11.0 to 4.0.
LONG EATON— 4, Nottingham Road	Each Tuesday, 2.0 to 4.0.

DERBY—	
The School Clinic, Walker Lane	2nd and 4th Tuesdays, 10.0 to 12.0.
CLAY CROSS—	
The Old Schoolrooms, The Vicarage	1st and 3rd Wednesdays, 9.30 to 12.0.
ALFRETON—	
The School Clinic, Grange Road	1st, 3rd and 4th Thursdays, 10.0 to 4.0.
RIPLEY—	
Maternity Home, Grosvenor Road	2nd and 4th Wednesdays, 2.30 to 4.30.
NEW MILLS— Town Hall	1st and 3rd Mondays, 11.45 to 3.0.
BAKEWELL— Liberal Club	2nd and 4th Thursdays, 11.0 to 1.0.
SWADLINCOTE—	
The School Clinic, Alexandra Road	1st and 3rd Fridays, 2.0 to 4.0.
ECKINGTON— Wesleyan School-room	2nd and 4th Fridays, 1.15 to 4.0.
ASHBOURNE— Maternity Home	1st Saturday, 10.0 to 12.0.
STAVELEY—	
Primitive Methodist Chapel	2nd and 4th Fridays, 9.30 to 12.0.

SCHOOL CLINICS.

School Clinics are established at the following places :—

(1) MINOR AILMENT CLINICS.

Alfreton.	Long Eaton.
Belper.	Ripley.
Dronfield.	Shirebrook.
Heanor.	Swadlincote.

To these Clinics any ailing child may be sent by teacher or parent without an appointment.

(2) X-RAY CLINICS for the treatment of ringworm are established at

School Clinic, Brimington Road, Chesterfield.

New County Offices, St. Mary's Gate, Derby.

(3) ULTRA VIOLET RAY CLINIC.

New County Offices, St. Mary's Gate, Derby.

(4) Orthopædic Clinics for the examination, supervision and treatment of crippled children are established at

Alfreton.	Derby.
Bakewell.	Heanor.
Belper.	Long Eaton.
Chesterfield.	Shirebrook.
Chinley.	Swadlincote.

Children must not be sent to these Clinics without an appointment.

(5) Ear, Nose and Throat Clinics for the examination and treatment of diseases of the ear, nose and throat are established at—

Alfreton (operation and examination).
Ashbourne (operation and examination).
Belper (examination).
Clay Cross (examination).
Clown (examination).
Chesterfield (operation and examination).
Chinley (operation and examination).
Derby (operation and examination).
Heanor.
Long Eaton (examination).
Matlock (examination).
Swadlincote (examination).
Shirebrook (operation and examination).

A charge of 10s. is made for each operation for tonsils and adenoids, but may be wholly or partly remitted in necessitous cases.

Children must not be sent to the treatment clinics without an appointment.

(6) Eye Clinics.—The Education Committee have one whole-time and one part-time Ophthalmic Surgeon, who visits the various clinics in the County to examine and prescribe for children found by the school Medical Inspectors to be suffering from eye defects. Clinics have been established at :—

Alfreton.	Clown.	Matlock.
Belper.	Derby.	Shirebrook.
Beighton.	Dronfield.	Swadlincote.
Bolsover.	Eckington.	Wirksworth.
Chesterfield.	Heanor.	
Chinley.	Long Eaton.	

(7) Dental Clinics have been established at :—

Alfreton.	Dronfield.
Ashbourne.	Heanor.
Bakewell.	Long Eaton.
Belper.	Matlock.
Chesterfield.	Swadlincote.
Chinley.	Shirebrook.
Derby.	

TUBERCULOSIS DISPENSARIES.

The following is a list of the 9 Tuberculosis Dispensaries in the County, giving the name of the Tuberculosis Officer and the days and times of opening of each Dispensary :

ASHBOURNE DISPENSARY.—Stone House, Dark Lane, Ashbourne.

Open :—2nd and 4th Thursdays of the month, 11 a.m. to 1 p.m.

Dr. P. Heffernan.

BURTON DISPENSARY.—31, Union Street, Burton-on-Trent.

Open :—Mondays, 10.30 a.m. to 12.30 p.m.

Dr. P. Heffernan.

CHESTERFIELD DISPENSARY.—Brimington Rd., Chesterfield

Open :—Tuesdays and Fridays, 10 a.m. to 12.30 p.m. and 2 to 4.30 p.m.

X-Ray examinations of Pulmonary Cases on 1st and 3rd Mondays of month only, 11 a.m. to 1 p.m.

Dr. B. S. Nicholson.

CHINLEY DISPENSARY.—Lower Lane, Chinley.

Open :—Mondays, 11 a.m. to 1 p.m. and 2 to 5 p.m.

Dr. P. Heffernan.

DERBY DISPENSARY.—County Offices, St. Mary's Gate, Derby.

Open :—Fridays, 10.30 to 12.30 and 2 to 4 p.m.

Dr. C. Kingston.

GLOSSOP DISPENSARY.—Surrey Street, Glossop.

Open :—Wednesdays, 11 to 1 and 2 to 4 p.m.

Dr. P. Heffernan.

ILKESTON DISPENSARY.—Albert Street, Ilkeston.

Open :—Wednesdays, 11 to 1 and 2 to 4.30 p.m.

Dr. C. Kingston.

LONG EATON DISPENSARY.—The Hall, Long Eaton.

Open :—Tuesdays, 10 a.m. to 12 noon.

Dr. C. Kingston.

MATLOCK DISPENSARY.—Dean Hill House, Causeway Lane, Matlock.

Open :—Tuesdays, 10 to 1 and 2 to 4 p.m.

Dr. P. Heffernan.

VENEREAL DISEASES CLINICS.

	Males.	*Females.*
Chesterfield & North Derbyshire Royal Hospital	Tuesdays, 4.30 to 6.30 Fridays, 2.30 to 4.30	Tuesdays, 2 to 4. Fridays, 11 to 12.30
Derbyshire Royal Infirmary, London Road, Derby	Mondays, 6 to 8. Wednesdays, 6 to 8. Saturdays, 2 to 4.	Mondays, 3 to 5. Thursdays, 6 to 8.

PROFESSIONAL NURSING IN THE HOME.

General.—The County Council has arrangements with the Derby County Nursing Association for the nursing of bed-ridden cases of tuberculosis in their own homes. During 1929 this service was provided in 16 instances.

Midwives.—During 1929, 11 midwives received subsidies ranging from £15—£40 per annum, and totalling £290.

SANITARY CIRCUMSTANCES OF THE AREA.

Water Supply.—The various water supplies in the County were fully described in the Survey Report for 1925, pages 28-31. During the year 1929 the following extensions and improvements were effected :—

Alfreton Urban.—On the conclusion of satisfactory negotiations with the Clay Cross Company for a supply of water from their Oakerthorpe Colliery, the District Council have made the necessary main extensions, and pumping into No. 1 Reservoir began on July 26th, 1929. Owing to drought, a temporary supply was obtained from the Selston supply of the Basford Rural District Council. The Urban District Council have instructed a firm of Civil Engineers to report on the waterworks undertaking.

Ashbourne Urban.—The new works at Rodsley came into operation on January 1st, 1929, the water supply of the district now being constant and satisfactory. Practically all the houses in the district are supplied with town water, which is obtained from the bunter sandstone from two boreholes, each 300ft. deep. The borings are lined with steel tubes for 70ft. from the surface to prevent surface contamination.

Bolsover Urban.—The latest alteration to the undertaking purchased by the District Council is a reinforced concrete water tower. The Medical Officer of Health of the District states that when the whole scheme is complete there will be a " full sense of security against drought and ample water to deal with future developments for years to come."

Bonsall Urban.—The Slaley water scheme is still in hand.

Brampton and Walton Urban.—A tank has been erected at Wadshelf, which will afford a much more satisfactory supply to the houses in the district.

Clay Cross Urban.—New 8″, 6″, and 4″ water mains have been laid to replace smaller pipes.

Dronfield Urban.—A number of mains have been scraped for corrosion during the year, resulting in an increased pressure of water.

Heage Urban.—During the year, certain houses in Riversdale, Ambergate, were connected to the main supply.

Ilkeston Borough.—1350 yards of 3″ main have been laid including the main to the new Northern housing site, to the new site in Oakwell Crescent, and to houses in Pimlico.

Long Eaton Urban.—Several extensions of water mains were carried out in this District during the year, and special arrangements had to be made in some cases for trade purposes owing to the great drought.

South Darley Urban.—Extra connections were made to the new houses erected during the year, and there are now no houses without a supply of water within 100 yards.

Wirksworth Urban.—The formation of three reservoirs, fed by the overflow of the town springs, has resulted in additional storage of three quarters of a million gallons of water.

Blackwell Rural.—During the early part of the year, arrangements were made with the Pinxton Colliery Company to pump Pinxton water to the tank on the Commons, relieving matters considerably. Sanction was sought by the District Council to lay a pipe-line from Biggin reservoir at Tibshelf to Newton Green, and arrangements were made with the Duke of Devonshire's agent to obtain water from Hardwick Spring on the Hardwick Estate. An oil engine working a centrifugal pump was erected at the Spring and the water pumped into Biggin reservoir, whence it flows by

gravitation through the new pipe to Blackwell and South Normanton. This auxiliary supply was ready for use on August 1st, 1929. On an average, 500,000 gallons have been pumped from this spring weekly into Biggin reservoir, where it mixes with the Mansfield water and supplies Tibshelf, Blackwell, Westhouses, Newton, and South Normanton. The water is pure and of satisfactory quality for drinking purposes. It is exceedingly hard, but is somewhat softened by mixing with the Mansfield water.

Owing to scarcity of water at Glapwell and Doe Lea during the summer, it was decided, with the consent of the Ministry of Health, to lay an 8″ and 6″ water main from the existing mains at Palterton to Glapwell and Doe Lea. This line was ready for use by Christmas, 1929.

During the year an Enquiry was held into the joint water scheme for Blackwell and Warsop for the supply of the whole of their districts and parts of Skegby Rural District, namely, Skegby, Teversal, and Sookholme. It was proposed to sink a well in the bunter sandstone on land belonging to the Welbeck Estates Company, in Warsop, and working reservoirs at Stoney Houghton Lane and Newton Wood Lane. The Ministry has given their consent to the scheme, and a borehole is at present being sunk on the proposed site.

Chesterfield Rural.—Filtration works were constructed at Barlow during the year which, together with the Intake tank and appurtenant works at Crowhole, have permitted the use of the Crowhole reservoir. The storage capacity has thus been increased by 29 million gallons, and the whole of the gathering ground below Ramsley reservoir, totalling 1,000 acres, has been added to the available resources.

Hartshorne and Seals Rural.—The Ministry of Health have sanctioned a loan for a further supply of about 40,000 gallons per day from the Several Wood Springs. A provisional lease has been entered into with the owner of the source, and the work is proceeding.

Hayfield Rural.—During the drought an extension was made at the source of supply, and a spring has been tapped and collected.

Repton Rural.—The water mains connected to the Derby Corporation supply were extended at Mickleover, and many new houses were connected,

Shardlow Rural.—The reservoir at Risley has been completed, the supply for Risley and Sandiacre being thus augmented. Additional works are being constructed in connection with the Spondon supply including a "Booster" pump and a reservoir of 500,000 galls. capacity.

Sudbury Rural.—A scheme for supplying Doveridge with water from the Somersal springs has been adopted. An inspection of the wells to the parish of Sudbury was made and a report sent to the Rural District Council, shewing the condition of the water supply and making certain suggestions.

River Pollution and Sewage Purification.—Details of the conditions existing in the various Sanitary Districts in the County were set out in full in the Survey Report, pages 32-39. The following extensions and improvements were undertaken during 1929 :—

Alfreton Urban.—Work was continued on No. 2 Filter at Greenhill Lane and No. 4 Filter at Highfield, but neither was completed by the end of the year.

Bakewell Urban.—71 yards of 9″ sewer have been laid in Castle Street.

Belper Urban.—A portion of Shaw Lane has been sewered and connected to two large cesspools. The houses, too, on the Fleet have been sewered, pail closets having been converted into the water-carriage system and connected to the sewer.

Bolsover Urban.—Plans of the Stanfree sewerage scheme were submitted during the year. The sewers have been laid, and the works were in course of construction at the end of the year.

A settling tank has been provided to deal with the coal washer waste from Bolsover Colliery.

Chesterfield Borough.—Two experimental tanks for " sludge digestion " were put into operation during the year to further investigate the odour problem, and the probability of a sludge less difficult to deal with on the sludge drying areas.

Clay Cross Urban.—The work of renewing the filtering media at Danesmoor and Bacon Springs outfall works is in hand. New sprinkler arms are being fitted and alterations to settling tanks, and additional sludge beds are being constructed.

Dronfield Urban.—Four extra sludge beds and two lagoons for the sludge bed drainage have been provided at the outfall works. A new filter is in course of construction. One new humus tank has been provided.

Glossop Borough.—The Medical Officer of Health of this Borough reports "the approximate completion of the pail conversion scheme " as a noteworthy occurrence affecting the public health.

Heage Urban.—The work of providing proper sewage disposal works was commenced during the year.

Heanor Urban.—The sewage outfall works at Tanners Lane have been done away with and the sewer leading to it has been extended to the Crosshill outfall, necessitating slight remodelling of the Crosshill works.

Ilkeston Borough.—New sewers have been laid to the new Northern housing site and to the site in Oakwell Crescent and St. Andrew's Drive. The new road and bridge at the Sewage Disposal Works have been completed.

Matlocks Urban.—At Knowlestone Place Pumping Station, many improvements were carried out, reducing the overflow and the amount of sludge to be dealt with at the pump house.

New Mills Urban.—Sewers have been extended on the Hague Bar Road and connected with the Hague Bar sewage works.

Wirksworth Urban.—The work of diverting the drainage from houses connected to the old storm water sewers to the new sewers was actively pursued during the year; only some half-dozen connections remain to be carried out.

Ashbourne Rural.—During the year a small sewerage scheme has been carried out at Hulland to deal with the sewage from 11 houses, the sewage having been formerly turned into the stream.

An outfall sewer has been laid at Mapleton to deal with the sewage from part of the village. This formerly entered the River Dove, without treatment.

At Brassington an old stone sewer has been taken up and a line of socket pipes laid.

The Middleton sewers are to be connected to the Wirksworth Urban sewerage system.

Belper Rural.—During the year, sewerage schemes have been completed for the parishes of Denby and Kilburn, and work has been commenced on the schemes for Allestree and Smalley. A scheme for sewering Whatstandwell has been prepared. In connection with these schemes, 200 house drains have been connected to sewers at the owners' expense.

Blackwell Rural.—During the year a new 12″ outfall sewer was completed at Westhouses and a 9″ sewer to drain Palterton School was constructed.

Chesterfield Rural.—Sewerage and sewage disposal works for Shirland, Higham village, and Hackenthorpe have been commenced. The sewage works at Tapton Grove, Brimington, have been reconstructed.

Hartshorne and Seals Rural.—The construction of the new filter to deal with the increasing volume of sewage at Woodville has been completed, and is working satisfactorily.

Norton Rural.—The first part of the scheme for the sewerage of Totley has been completed to the point of laying a main sewer.

Repton Rural.—Extensions have been carried out at the Hatton and Hilton Sewage Works. Three sludge beds have been provided at Coton Park.

Shardlow Rural.—An additional filter has been constructed at the Spondon Sewage Works and extra beds provided.

EFFLUENTS.

During the year 1929, 623 samples of sewage effluents were collected. The samples were classified as follows :—

Good	211
Satisfactory	164
Unsatisfactory	103
Bad	145

In addition to these samples, 58 other visits were paid to sewage outfall works and 105 visits were made to manufactories.

Scavenging.

Details of the existing conditions in the various Sanitary Districts in the County were set out in the Survey Report for 1925, pages 42-45. The following alterations were made during the year 1929 :—

Ashbourne Urban.—This District Council have made application for sanction to a loan for the purchase of a site on the Mayfield Road and to erect thereon a refuse destructor.

Bakewell Rural.—A new tip has been found in a suitable situation at Winster, and the old tip is being covered over.

Basford Rural.—Powers have been obtained for scavenging in the parish of Shipley.

Blackwell Rural.—In the spring of 1929 this District Council decided to do the work of scavenging in the parish of Blackwell by direct labour. The work of scavenging in the District is now undertaken as follows :—

By the Council in Shirebrook, Blackwell, and South Normanton ;

By contract at Pleasley, Tibshelf, and Pinxton ;

By owners and occupiers at Glapwell, Scarcliffe, Ault Hucknall, and Upper Langwith, with the exception of the Council Houses at Scarcliffe, which are done by Council workmen.

Norton Rural.—Scavenging is now undertaken for the whole of the District by the Council's own men, and the refuse is disposed of to farmers for fertiliser or deposited in tips.

Summary of Sanitary Inspectors' Work, 1929. TABLE VII.

URBAN DISTRICTS.

District and Sanitary Inspector's Name.		Closets and Ashpits.								Drainage.			Other Defects.																Totals.
		Defective Privies, Pail Closets and Ashpits.	Conversion of Privies into W.C.'s.	Conversion of Pail Closets into W.C.'s.	Conversion of Privies into Pail Closets.	Defective W.C.'s.	Provision of additional W.C.'s.	Provision of Portable Ashbins.	Dirty Closets.	No disconnection of Waste Pipe.	Defective Waste Pipes, Traps, Inlets & Drains.	Drains obstructed.	Paving of Courts or Yards.	Roofs, Eaves Spouts, and Down Spouts.	Sinks.	Insufficient Ventilation.	Windows.	Dampness.	Water in Cellars.	Water Supply.	Overcrowding.	Foul Condition of Houses.	Offensive Accumulations.	Animals improperly kept.	Pigsties.	Smoke Nuisances.	Urinals.	Nuisances not specified above.	
Alfreton	Informal Notices served by Sanitary Inspector ...	50	10	25	...	20	1	78	6	...	11	33	18	52	16	...	17	11	...	...	1	1	50	2	3	2	2	90	499
J. Spencer.	Legal Notices served by Local Authority ...	2	2	...	...	5	...	5	...	...	1	2	6	8	1	...	1	2	...	...	1	...	...	1	1	1	1	2	42
	Nuisances abated ...	58	10	25	...	20	1	78	6	...	12	33	20	60	16	...	17	11	...	...	1	1	60	2	3	1	1	90	526
Alvaston and Boulton	Informal Notices served by Sanitary Inspector ...	...	14	2	...	2	...	53	1	...	1	8	2	57	18	...	...	27	2	1	3	...	1	...	1	...	...	7	200
C. R. Treadgold.	Legal Notices served by Local Authority ...	...	6	1	...	...	...	17	1	...	...	3	...	25	10	...	...	12	...	...	3	...	1	...	1	...	...	...	80
	Nuisances abated ...	...	8	1	...	2	...	46	1	...	1	8	...	50	15	...	...	16	2	1	3	...	1	...	1	...	...	7	163
Ashbourne	Informal Notices served by Sanitary Inspector ...	4	10	3	...	...	3	...	6	6	4	4	7	1	5	4	5	7	...	20	...	1	1	2	2	1	...	9	105
D. Powell.	Legal Notices served by Local Authority ...	...	3	...	...	...	2	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	8
	Nuisances abatcd ...	4	3	3	...	...	3	...	6	6	4	4	7	1	5	4	5	7	...	20	...	5	1	2	4	1	...	12	107
Bakewell	Informal Notices served by Sanitary Inspector ...	15	...	...	...	1	...	16	...	...	5	10	...	...	1	...	2	10	...	...	...	...	5	...	1	...	...	...	66
T. W. Baker.	Legal Notices served by Local Authority ...	1	...	...	...	...	...	7	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	10
	Nuisanccs abated ...	17	1	...	...	3	3	19	...	...	6	12	2	3	1	...	2	10	...	...	...	...	5	...	2	...	...	...	86
Baslow	Informal Notices served by Sanitary Inspector ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
J. Baggaley;	Legal Notices served by Local Authority ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Nuisances abated ...	...	2	...	...	...	2	...	...	...	...	4	...	3	...	...	...	...	1	...	...	...	...	...	...	4	...	...	16

Belper	Informal Notices served by Sanitary Inspector ...	...	3	15	...	20	...	35	50	...	39	20	39	20	2	12	12	2	1	...	2	5	20	1	...	4	...	30	332
J. A. Statham.	Legal Notices served by Local Authority ...	...	2	13	...	...	...	...	...	...	...	...	...	...	1	2	3	...	...	...	...	...	...	...	...	...	...	...	21
	Nuisances abated ...	...	3	15	...	20	...	35	50	...	78	20	39	20	2	12	12	2	1	1	2	5	20	1	...	4	...	30	372
Bolsover	Informal Notices served by Sanitary Inspector ...	10	47	15	...	5	2	60	...	...	10	7	2	3	1	...	1	2	...	2	...	...	1	1	1	...	1	14	185
W. Ellis.	Legal Notices served by Local Authority ...	9	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	10
	Nuisances abated ...	71	47	21	...	31	3	178	6	...	177	57	8	20	4	...	8	6	...	5	...	15	6	1	1	...	1	72	738
Bonsall	Informal Notices served by Sanitary Inspector ...	3	...	...	6	...	...	...	2	...	5	7	...	2	2	...	...	...	...	5	...	...	...	...	...	...	1	25	58
A. Allsopp.	Legal Notices served by Local Authority ...	...	...	...	...	...	...	...	...	...	1	1	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	3
	Nuisances abated ...	3	...	...	7	...	...	...	4	...	5	9	...	6	3	...	...	...	...	6	...	...	...	...	...	...	1	25	69
Brampton and Walton	Informal Notices served by Sanitary Inspector ...	2	1	...	...	...	...	3	...	1	6	7	2	4	...	...	...	2	...	...	...	1	...	...	...	...	...	5	34
W. J. Nicholls.	Legal Notices served by Local Authority ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Nuisances abated ...	1	1	...	...	...	...	3	...	1	2	7	2	4	...	...	...	2	...	...	...	1	...	...	...	...	...	5	29
Buxton (Boro')	Informal Notices served by Sanitary Inspector ...	...	...	...	...	41	1	29	2	5	63	128	16	10	10	...	4	3	...	...	...	8	2	1	...	1	1	...	325
W. O. Coates.	Legal Notices served by Local Authority ...	21	...	...	...	...	...	67	...	...	17	26	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	133
	Nuisances abated ...	21	...	...	...	66	1	121	2	5	106	219	23	12	10	...	6	3	...	...	...	8	4	1	...	1	1	39	649
Chesterfield (B.)	Informal Notices served by Sanitary Inspector ...	...	...	...	...	135	6	48	23	2	87	169	49	73	14	2	14	15	9	7	4	19	22	8	2	19	...	89	816
A. S. Carter.	Legal Notices served by Local Authority ...	...	4	...	...	11	39	21	...	...	6	5	39	5	2	...	...	1	...	1	...	...	...	...	...	1	...	...	135
	Nuisances abated ...	...	22	...	...	188	140	106	28	2	110	171	98	129	18	2	17	21	8	13	2	24	21	7	2	19	...	107	1255
Clay Cross	Informal Notices served by Sanitary Inspector ...	1	10	...	...	29	1	10	3	...	24	38	5	10	5	...	7	5	4	15	1	1	6	1	...	...	...	23	199
W. A. T. Lynam	Legal Notices served by Local Authority ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Nuisances abated ...	3	46	...	...	52	25	71	6	...	62	103	17	33	5	...	4	25	6	17	1	1	6	1	...	...	...	38	522

District and Sanitary Inspector's Name.		Closets and Ashpits.								Drainage.			Other Defects.															Totals.
		Defective Privies, Pail Closets and Ash pits.	Conversion of Privies into W.C.'s.	Conversion of Pail Closets into W.C.'s.	Conversion of Privies into Pail Closets.	Defective W.C.'s.	Provision of additional W.C.'s.	Provision of Portable Ashbins.	Dirty Closets.	No disconnection of Waste Pipe.	Defective Waste Pipes Traps, Inlets & Drains.	Drains obstructed.	Paving of Courts or Yards.	Roofs, Eaves Spouts, and Down Spouts.	Sinks.	Insufficient Ventilation.	Windows.	Dampness.	Water in Cellars.	Water Supply.	Overcrowding.	Foul Condition of Houses.	Offensive Accumulations.	Animals improperly kept.	Pigsties.	Smoke Nuisances.	Urinals.	Nuisances not specified above.	
Dronfield W. A. Parry	Informal Notices served by Sanitary Inspector ...	32	26	...	...	19	1	81	17	...	13	49	9	27	11	1	10	27	1	140	2	7	11	...	...	2	3	...	489
	Legal Notices served by Local Authority ...	19	16	...	...	...	...	18	...	...	...	...	...	...	4	1	...	...	...	...	...	...	...	...	...	...	...	...	58
	Nuisances abated ...	26	18	...	...	19	1	81	17	...	13	49	9	27	11	1	10	27	1	140	2	7	11	...	...	2	3	...	475
Glossop (Boro') H. Dane.	Informal Notices served by Sanitary Inspector ...	50	...	...	...	40	2	208	7	...	30	30	...	38	...	15	...	...	5	10	...	5	25	1	1	8	3	21	299
	Legal Notices served by Local Authority ...	...	...	...	...	...	13	1	...	...	...	...	...	...	26	...	...	...	1	...	...	...	...	...	...	...	...	...	41
	Nuisances abated ...	44	...	45	1	39	12	207	7	...	30	30	...	31	20	12	...	...	5	10	...	5	24	1	1	8	3	19	554
Heage A. J. Fortnam.	Informal Notices served by Sanitary Inspector ...	7	12	1	...	9	7	2	...	...	2	...	4	...	...	...	...	1	...	11	2	...	8	...	...	...	...	1	67
	Legal Notices served by Local Authority ...	...	2	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1	...	2	...	...	...	...	...	...	...	...	6
	Nuisances abated ...	10	...	1	...	9	...	14	2	...	2	10	8	4	...	...	...	1	...	11	...	...	14	...	...	...	...	1	87
Heanor A. A. Wilson	Informal Notices served by Sanitary Inspector ...	64	2	2	...	30	2	130	20	1	21	50	28	51	10	8	20	10	2	6	10	30	3	5	3	3	3	50	564
	Legal Notices served by Local Authority ...	...	...	...	...	...	2	9	1	...	1	2	...	1	...	...	...	...	1	...	4	1	...	...	...	...	...	...	22
	Nuisances abated ...	94	21	22	...	51	9	278	23	1	94	66	66	153	28	21	57	20	3	10	10	30	3	5	3	3	7	360	1438

Ilkeston (Boro') J. B. Duro.	Informal Notices served by Sanitary Inspector ...	78	...	820	...	80	43	327	10	...	20	155	...	20	7	15	11	7	3	...	...	1	6	3	...	10	...	130	1746
	Legal Notices served by Local Authority ...	...	...	...	...	2	...	2	...	...	6	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	12
	Nuisances abated ...	78	...	820	...	80	43	325	10	...	20	153	...	20	7	15	11	7	3	...	...	1	6	3	...	10	...	130	1742
Long Eaton J. Tomlinson.	Informal Notices served by Sanitary Inspector ...	3	5	2	2	102	3	337	16	...	62	143	36	28	...	7	3	...	1	21	13	18	31	27	2	36	1	208	1108
	Legal Notices served by Local Authority ...	...	1	...	...	4	...	27	1	...	...	...	24	4	...	...	...	...	...	1	...	...	...	1	...	...	...	44	107
	Nuisances abated ...	2	...	1	...	181	7	413	37	...	135	180	112	101	13	94	53	8	...	16	10	11	30	24	1	50	3	454	1936
Matlocks J. D. Evans.	Informal Notices served by Sanitary Inspector ...	21	7	...	14	9	2	17	8	...	88	34	...	...	...	...	...	5	2	...	1	...	1	...	...	1	3	37	250
	Legal Notices served by Local Authority ...	...	...	...	...	...	...	...	...	...	5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	23	28
	Nuisances abated ...	21	7	...	14	9	2	16	18	...	80	34	...	...	...	...	...	4	2	...	...	...	1	...	...	1	3	30	242
New Mills W. C. Sheard	Informal Notices served by Sanitary Inspector ...	1	...	...	...	4	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	8
	Legal Notices served by Local Authority ...	...	7	...	...	1	...	...	2	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	11
	Nuisances abated ...	...	40	...	...	39	...	150	2	...	23	30	...	5	...	...	5	...	...	2	...	...	3	...	...	...	...	...	299
North Darley W. G. Woolley.	Informal Notices served by Sanitary Inspector ...	...	1	...	...	2	...	...	1	...	7	1	8	5	...	...	7	5	1	3	1	1	...	...	1	...	...	...	44
	Legal Notices served by Local Authority ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1
	Nuisances abated ...	...	1	...	...	2	...	...	1	...	7	1	8	5	...	...	7	5	1	3	1	1	...	...	1	...	...	...	44
Ripley W. E. Clark.	Informal Notices served by Sanitary Inspector ...	21	60	123	...	10	2	50	...	1	72	33	8	23	6	13	32	42	6	6	11	2	3	1	...	...	1	64	590
	Legal Notices served by Local Authority ...	...	17	62	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	81
	Nuisances abated ...	35	32	54	...	14	4	64	...	1	47	50	5	19	9	16	18	24	3	13	4	2	3	1	...	...	1	65	484
South Darley H. Crowder.	Informal Notices served by Sanitary Inspector ...	214	...	...	...	1	...	...	...	...	5	...	...	2	...	...	...	...	...	...	1	...	...	...	...	...	...	9	232
	Legal Noticcs served by Local Authority ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Nuisances abated ...	214	...	...	...	1	...	...	...	...	5	...	...	2	...	...	...	...	...	...	1	...	...	...	...	...	...	9	232

District and Sanitary Inspector's Name.		Closets and Ashpits.								Drainage.			Other Defects.																
		Defective Privies, Pail Closets and Ashpits.	Conversion of Privies into W.C.'s.	Conversion of Pail Closets into W.C.'s.	Conversion of Privies into Pail Closets.	Defective W.C.'s.	Provision of additional W.C.'s.	Provision of Portable Ashbins.	Dirty Closets.	No disconnection of Waste Pipe.	Defective Waste Pipes, Traps, Inlets & Drains.	Drains obstructed.	Paving of Courts or Yards.	Roofs, Eaves Spouts, and Down Spouts.	Sinks.	Insufficient Ventilation.	Windows.	Dampness.	Water in Cellars.	Water Supply.	Overcrowding.	Foul Condition of Houses.	Offensive Accumulations.	Animals improperly kept.	Pigsties.	Smoke Nuisances.	Urinals.	Nuisances not specified above.	Totals.
Swadlincote	Informal Notices served by Sanitary Inspector ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
G. Pollard.	Legal Notices served by Local Authority ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Nuisances abated ...	132	232	6	...	17	129	415	...	...	14	9	31	104	5	...	32	...	...	17	3	...	1	...	...	...	...	197	1344
Wirksworth	Informal Notices served by Sanitary Inspector ...	9	...	...	...	12	...	12	2	5	42	37	12	26	11	2	2	6	2	2	6	1	3	1	...	...	...	25	218
H. S. Tebbitt.	Legal Notices served by Local Authority ...	...	74	...	...	...	...	...	...	...	2	...	3	8	4	...	...	...	...	...	...	...	...	...	...	...	...	3	94
	Nuisances abated ...	5	25	...	...	12	...	12	2	5	42	37	12	26	11	2	2	6	2	2	6	1	3	1	...	...	...	25	239

RURAL DISTRICTS.

Ashbourne	Informal Notices served by Sanitary Inspector ...	9	10	...	...	...	...	30	2	3	5	9	4	6	4	3	6	1	...	11	2	1	12	1	...	...	2	...	121
J. H. Wheeldon	Legal Notices served by Local Authority ...	...	...	...	...	...	...	...	...	...	3	...	3	...	...	3	3	...	...	1	...	1	14	...	...	...	...	...	28
	Nuisances abated ...	8	10	...	...	...	...	30	2	2	5	9	3	4	4	2	3	1	...	8	1	...	17	1	...	...	2	...	112
Bakewell	Informal Notices served by Sanitary Inspector ...	61	19	2	16	24	24	29	12	9	83	75	6	60	10	11	9	10	2	62	1	3	50	1	1	...	2	45	627
A. Seaton.	Legal Noticcs served by Local Authority ...	15	...	...	...	7	...	...	...	2	9	...	...	8	...	...	...	...	...	...	...	...	...	...	...	...	...	3	44
A. Green.	Nuisances abated ...	46	19	2	16	24	24	29	12	9	81	75	6	70	9	10	8	7	2	35	1	2	50	1	1	...	2	45	586

Basford V. V. Yates	Informal Notices served by Sanitary Inspector ...	3	...	...	...	...	...	1	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	6
	Legal Notices served by Local Authority ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Nuisances abated ...	3	...	...	...	...	...	1	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	6
Belper James Laycock R. C. Riches	Informal Notices served by Sanitary Inspector ...	62	33	6	18	5	4	42	7	...	119	28	1	6	34	2	12	7	6	6	3	3	18	2	2	1	1	26	454
	Legal Notices served by Local Authority ...	3	2	2	3	1	3	2	...	...	12	1	...	5	6	1	5	3	1	1	1	2	...	...	...	...	1	11	66
	Nuisances abated ...	62	33	20	18	5	4	42	7	...	190	28	...	6	28	2	9	4	5	5	2	3	18	2	2	1	1	21	518
Blackwell J. N. Crecar. S. Wilmot.	Informal Notices served by Sanitary Inspector ...	123	10	4	48	13	3	162	3	4	84	31	46	120	77	4	23	36	4	23	3	3	54	3	2	...	4	52	939
	Legal Notices served by Local Authority ...	...	...	...	...	4	...	1	...	...	...	...	22	19	1	...	8	6	...	...	...	...	...	1	1	...	...	5	68
	Nuisances abated ...	176	10	9	55	18	9	305	14	4	89	139	95	156	78	4	113	56	4	23	3	6	133	5	4	...	4	120	1632
Chapel-en-le-Frith T. Dinsdale.	Informal Notices served by Sanitary Inspector ...	4	9	...	3	5	1	13	...	1	29	14	1	34	...	6	14	27	3	24	2	1	29	1	2	...	...	23	246
	Legal Notices served by Local Authority ...	2	7	...	1	1	...	5	...	1	4	...	2	19	...	6	13	12	1	...	...	...	1	2	...	...	...	13	90
	Nuisances abated ...	4	16	...	4	6	10	25	2	3	57	31	2	54	4	14	19	55	5	27	1	1	42	2	2	...	2	135	523
Chesterfield T. W. Binns J. Hutchinson D. Northway F. Waterfall	Informal Notices served by Sanitary Inspector ...	110	312	5	...	48	14	337	33	14	318	186	106	1501	25	123	36	221	7	20	10	14	690	2	9	1	10	656	4808
	Legal Notices served by Local Authority ...	11	18	...	...	...	...	11	...	...	12	...	7	22	2	11	...	11	...	...	3	...	...	...	...	...	...	22	130
	Nuisances abated ...	110	312	5	...	48	14	337	33	14	318	186	106	1501	25	123	36	221	7	20	10	14	690	2	9	1	10	656	4808
Clown J. Bradley.	Informal Notices served by Sanitary Inspector ...	46	5	2	...	5	...	47	...	...	1	17	4	...	4	9	...	20	1	1	...	2	2	1	1	...	2	...	170
	Legal Notices served by Local Authority ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	2	...	...	...	...	...	...	3
	Nuisances abated ...	46	5	2	...	5	...	47	...	...	1	17	4	...	4	9	...	20	1	1	...	2	2	1	1	...	2	...	170
Glossop Dale C. E. Storey.	Informal Notices served by Sanitary Inspector ...	2	...	...	...	...	1	2	1	...	6	2	...	2	...	...	4	4	...	2	...	1	39	...	1	...	...	...	67
	Legal Notices served by Local Authority ...	...	27	6	...	...	...	33	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	67
	Nuisances abated ...	2	47	4	...	...	1	53	1	...	5	2	...	2	...	...	4	...	...	2	...	1	39	...	1	1	...	...	165

District and Inspector's Name.		Closets and Ashpits.								Drainage.			Other Defects.															Totals.
		Defective Privies, Pail Closets and Ashpits.	Conversion of Privies into W.C.'s.	Conversion of Pail Closets into W.C.'s.	Conversion of Privies into Pail Closets.	Defective W.C.'s.	Provision of additional W.C.'s.	Provision of Portable Ashbins.	Dirty Closets.	No disconnection of Waste Pipe.	Defective Waste Pipes, Traps Inlets & Drains.	Drains obstructed.	Paving of Courts or Yards.	Roofs, Eaves Spouts, and Down Spouts.	Sinks.	Insufficient Ventilation.	Windows.	Dampness.	Water in Cellars.	Water Supply.	Overcrowding.	Foul Condition of Houses.	Offensive Accumulations.	Animals improperly kept.	Pigsties.	Smoke Nuisances.	Urinals.	Nuisances not specified above.	
Hartshorne & Seals J. Crabtree	Informal Notices served by Sanitary Inspector ...	23	13	2	4	3	...	25	2	...	12	6	6	49	1	15	22	39	1	2	2	3	4	6	2	...	...	44	286
	Legal Notices served by Local Authority ...	...	...	...	...	...	...	...	...	...	...	...	...	12	...	1	1	...	...	...	...	...	...	1	...	...	...	...	15
	Nuisances abated ...	13	25	2	3	3	...	37	2	...	12	6	6	49	1	15	22	29	1	2	...	2	4	4	2	...	...	35	275
Hayfield E. Swift.	Informal Notices served by Sanitary Inspector ...	...	26	...	...	1	...	6	...	...	10	18	...	2	...	...	...	1	2	...	...	1	2	...	...	...	1	...	70
	Legal Notices served by Local Authority ...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1	23	...	...	...	...	...	...	...	...	25
	Nuisances abated ...	...	16	...	...	1	...	6	...	...	9	18	...	2	...	...	...	1	1	22	...	1	2	...	...	...	...	...	79
Norton E. A. Sampson.	Informal Notices served by Sanitary Inspector ...	2	28	...	...	...	...	...	...	1	1	1	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	1	36
	Legal Notices served by Local Authority ...	25	25	...	...	...	...	...	...	...	17	...	5	4	1	...	...	2	...	...	...	...	...	...	...	...	...	40	119
	Nuisances abated ...	28	59	...	...	...	...	139	...	1	15	1	5	4	1	...	...	1	...	...	...	1	1	...	...	...	...	41	297
Repton F. W. Bullock	Informal Notices served by Sanitary Inspector ...	41	53	1	7	13	...	42	8	6	34	23	1	45	5	2	9	10	4	41	2	2	69	1	...	2	4	32	457
	Legal Notices served by Local Authority ...	3	48	...	...	...	...	48	...	...	1	...	...	2	...	...	...	...	...	29	1	1	...	...	...	...	...	...	133
	Nuisances abated ...	38	53	1	7	13	...	54	8	6	33	23	1	41	5	2	7	4	4	38	2	2	69	1	...	2	4	32	450

Shardlow F. G. Forman.	Informal Notices served by Sanitary Inspector ...	35	52	10	1	10	9	160	12	...	72	88	31	43	36	19	19	21	1	116	5	7	69	3	3	3	2	28	855
	Legal Notices served by Local Authority ...	16	6	13	...	1	...	26	...	...	7	1	3	7	5	8	9	10	...	22	8	1	2	...	...	...	...	5	153
	Nuisances abated ...	63	52	102	5	11	10	185	12	...	117	90	30	54	51	19	29	30	...	266	6	11	73	4	4	3	2	39	1268
Sudbury F. G. Price.	Informal Notices served by Sanitary Inspector ...	...	...	2	...	...	4	...	1	...	2	6	1	10	...	...	...	2	1	2	1	...	2	1	...	...	...	1	36
	Legal Notices served by Local Authority ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Nuisances abated ...	...	...	2	...	...	4	...	1	...	2	6	1	10	...	...	...	2	1	2	...	...	2	1	...	...	...	1	35

TABLE VIII.

Closet Accommodation.

Districts.	Approximate number of Houses with				Number of Conversions.	
	Privy Middens.	Pail Closets	Water Closets	Trough and slop Water Closets	From Privy-middens to water Closets	From Pail-Closets to water Closets
URBAN.						
Alfreton	84	2,620	2,712	57	10	25
Alvaston & Boulton	35	—	656	—	8	1
Ashbourne	12	—	—	1,188	3	3
Bakewell	200	51	395	—	1	—
Baslow	117	4	217	—	2	—
Belper	83	518	2,460	—	3	15
Bolsover	600	826	1,300	—	47	21
Bonsall	74	223	17	—	—	—
Brampton & Walton		No information.			1	—
Buxton (Boro') ...	13	70	3,408	—	—	—
Chesterfield (Boro')	387	80	14,628	2,930	22	—
Clay Cross	941	87	864	12	46	—
Dronfield	310	—	777	16	18	—
Glossop (Boro') ...	6	55	3,497	479	—	45
Heage	201	455	209	11	—	1
Heanor	728	2,337	2,721	—	21	22
Ilkeston (Boro') ...	16	395	6,851	317	—	820
Long Eaton ...	16	74	6,211	74	—	1
Matlocks	461	308	1,857	—	7	—
New Mills	216	—	907	560	40	—
North Darley ...	320	11	592	100	1	—
Ripley	249	1,126	1,522	—	32	54
South Darley ...		No information.			—	—
Swadlincote ...		No information.			232	6
Wirksworth ...	294	44	698	4	25	—
RURAL.						
Ashbourne ...		No information.			10	—
Bakewell	2,145	1,134	860		19	2
Basford		No information.			—	—
Belper	3,444	2,888	2,397	3	33	20
Blackwell	1,162	5,688	2,654		10	9
Chapel-en-le-Frith		No information.			16	—
Chesterfield ...	9,490	380	8,435	33	312	5
Clowne	1,929	1,379	968	—	5	2
Glossop Dale ...	306	63	422	12	47	4
Hartshorne & Seals	406	108	494	13	25	2
Hayfield	456	26	838		16	—
Norton		No information.			59	—
Repton	20,48	516	1,500	6	53	1
Shardlow	1,200	2,908	4,946	—	52	102
Sudbury		No information.			—	2

TABLE IX.

	Alfreton.	Alvaston & Boulton.	Ashbourne.	Bakewell.	Baslow.	Belper.	Bolsover.	Bonsall.	Brampton & Walton.	Buxton (Boro').	Chesterfield (Boro').	Clay Cross.	Dronfield.	Glossop (Boro).	Heage.	Heanor.	Ilkeston (Boro).	Long Eaton.	Matlocks.	New Mills.	North Darley.	Ripley.	South Darley.	Swadlincote.	Wirksworth.
Population (estimated 1929)	21,630	2,313	4,504	3,159	845	13,050	12,750	1,195	2,255	17,030	65,270	8,727	4,503	19,720	4,403	23,050	33,260	22,240	9,714	8,967	4,196	13,940	674	21,090	3,915
No. of Houses in District	5,084	691	1,200	724	240	3,061	2,702	323	590		14,521	1,914	1,153	5,632	923	4,995	7,240	5,680		2,263	1,134	3,230	221	4,504	1,039
Average No. of Persons per House	4·25	3·34	3·75	4·36	3·52	4·26	4·71	3·70	3·82		4·49	4·55	3·90	3·50	4·77	4·61	4·59	3·91		3·96	3·70	4·31	3·05	4·68	3·76
NUMBER OF NEW HOUSES ERECTED DURING THE YEAR:—																									
(a) Total	96	282	41	12	8	44	7	1	20		268	19	41	72	6	147		180	174	59	24	28	9	92	8
(b) With State Assistance under Housing Acts																									
(1) By the Local Authority	46	8	22	—	—	—	—	—	—		110	—	—	—	—	112		19	106	49	—	—	8	80	—
(2) By other bodies or persons	37	274	19	2	8	44	6	1	18		158	19	41	—	1	35		143	41	7	24	21	—	12	—
1. INSPECTIONS OF DWELLING HOUSES DURING THE YEAR:—																									
(1) No. Inspected for housing defects (under P.H. or Housing Acts)	137	173	120	39	20	148	158		29		246	424	—	2813	—	148		379	374	25		247		—	165
(2) No. (included in sub-head 1 above) inspected and recorded under Housing Consolidated Regulations 1925	11	173	48	39	—	148	25		—		222	72	—	173	27	45		150	43	—		69		—	—
(3) No. found to be dangerous or unfit for habitation	5	—	8	4	—	1	1		—		12	—	—	—	4	12		1	8	—		—		3	—
(4) No. (exclusive of those referred to in preceding sub-head) found not to be in all respects reasonably fit for human habitation	112	27	42	7	5	16	24		—		190	212	—	173	23	136		121	331	—		142		65	—
2. REMEDY OF DEFECTS WITHOUT FORMAL NOTICE:—																									
No. rendered fit in consequence of informal action by Local Authority	110	10	8	7	5	—	24		24		105	152	—	554	12	64		74	331	3		125		24	—
3. ACTION UNDER STATUTORY POWERS DURING THE YEAR:—																									
A.—Proceedings under Sec. 3 of Housing Act, 1925,																									
(1) No. in respect of which notices were served requiring repairs	3	79	24	4	—	—	—		—		89	—	6	27	—	—		50	43	—		—		7	—
(2) No. rendered fit after formal notice:—																									
(a) By owners.	1	43	24	4	—	—	—		—		79	—	6	27	—	—		39	43	—		—		7	—
(b) By Local Authority	—	—	—	—	—	—	—		—		—	—	—	—	—	—		5	—	—		—		—	—
(3) No. in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close	—	—	—	—	—	—	—		—		—	—	—	—	—	—		1	3	—		—		—	—
B.—Proceedings under Public Health Acts:—																									
(1) No. in respect of which notices were served requiring defects to be remedied	18	—	—	4	—	54	7		—		—	—	—	14	—	6		55	331	—		2		—	93
(2) No. of which defects remedied after formal notice:—																									
(a) By owners	18	—	—	4	—	54	7		—		—	—	—	14	—	6		47	331	—		3		—	93
(b) By Local Authority	—	2	—	—	—	—	—		—		—	—	—	—	—	—		14	—	—		—		—	—
C—Proceedings under Sections 11, 14 & 15 of the Housing Act, 1925:—																									
(1) No. of representations made with a view to the making of Closing Orders	5	—	8	4	—	1	—		—		12	—	—	—	4	6		—	3	—		—		—	—
(2) No. of houses in respect of which Closing Orders were made	5	—	8	—	—	1	—		—		12	—	—	—	1	6		—	3	—		—		—	—
(3) No. of houses in respect of which Closing Orders were determined, the houses having been rendered fit	—	—	—	—	—	1	—		—		1	—	—	—	—	—		—	—	—		—		—	—
(4) No. of houses in respect of which Demolition Orders were made	—	—	—	—	—	—	—		—		2	—	—	—	—	4		—	3	—		—		—	—
(5) No. of houses demolished in pursuance of Demolition Orders	—	—	—	—	—	—	—		—		1	—	—	—	—	3		—	7	—		—		—	—

No Information.

No Information.

No Information.

Housing.

The following Districts were inspected by the County Council Health Department as to the housing conditions during the year :—

Hilton (Repton Rural District)	...	65	houses	inspected.
Hatton do.	do. ...	28		do.
Melbourne (Shardlow Rural District)		360		do.

Table IX. shows the work done in the various Districts of the County during the year 1929.

HOUSING (RURAL WORKERS) ACT, 1926.

From the commencement of the operation of the above Act until December 31st, 1929, applications for Grants in Derbyshire in respect of nine dwellings have been received. Assistance to the value of £475 was given by the Council in respect of seven of these applications. One application was withdrawn by the applicant, and another was refused. Four of the applications were for the conversion of buildings not previously used as dwellings into dwellings and three were for the improvement of existing dwellings. The work on five of the dwellings has been completed.

No applications have been received for loans under the Act.

LOANS

FOR PROVISION OF SEWERAGE AND SEWAGE DISPOSAL WORKS AND WATER SCHEMES.

During the year 1929, inquiries were held by the Ministry of Health on the applications of the following District Councils for sanction to loans for the purpose of sewerage and sewage disposal and water supply :—

District.	*Date of Inquiry,* 1929.	*Amount of Loan asked for.*	*Purpose.*	*Result of Inquiry.*
Chesterfield R.	July 9.	£1,874.	Sewage disposal works (two) at Hackenthorpe.	Scheme approved and work carried out.
Chapel R.	Aug. 13.	£6,196.	Water scheme for additional supply to Harpur Hill.	Scheme approved and work in progress.
Heage U.	Feb. 12.	£19,000.	Sewage disposal for Heage, Upper Heage, Nether Heage, Ambergate, and Saw Mills.	Scheme approved and work in progress.
Chesterfield R.	Feb. 1.	£6,058.	Sewage Disposal for Shirland, Higham, New Higham, and Hallfield Gate.	Scheme approved and work in progress.
Long Eaton U.	May 24.	£20,000.	Water supply : extension of works and a new reservoir.	Scheme approved and work in progress.
Blackwell R.	April 16 and 17.	£155,577.	Water supply for all the Rural District.	Scheme approved and work in progress.
Bolsover U.	June 21.	£5,000.	Conversion of privies to W.C's.	Scheme approved and work in progress.
Shardlow R.	June 18.	£15,280.	Sewage disposal for Chellaston.	Scheme approved and work done.
Hartshorne and Seals R.	Sept. 24.	£2,319.	Water Supply for Woodville and Overseal.	Scheme approved and work in progress.
Shardlow R.	Sept. 10.	£15,235.	Sewage disposal for West Hallam.	Scheme approved and work in progress.
Bakewell R.	Nov. 6.	£14,000.	Water Supply for Hathersage and Outseats.	
Bakewell R.	Nov. 5.	£3,700.	Water Supply for Eyam. (Excess expenditure).	
Chapel R.	Nov. 7.	£3,150.	Water Supply for Wormhill and Peak Dale.	Scheme approved. Tenders being obtained.

HEALTH EDUCATION.

Health Week.—The Derbyshire Health Week was held from October 6th to the 12th, 1929, the Derbyshire County Council and the Derbyshire Education Committee being represented on the Health Week Committee. Special articles appeared in the Weekly Press throughout the County.

Addresses were given in every public elementary and secondary school in the County, the services of the teaching staff being augmented by 100 doctors and nurses. Dental films were shewn to over 40,000 children at cinemas throughout the County, and the Senior Dental Officer of the County Council gave addresses to a large number of children present. Competitions were arranged amongst the children for essays on Dental Hygiene, the advantages of eating fresh fruit, choosing the most effective health slogans, etc.

A quantity of leaflets, representing close upon 300,000 separate items, were provided gratuitously by the local branch of the League of Nations Union.

Support was given to the movement by the Derbyshire Federation of Womens' Institutes, at 45 of whose meetings addresses have been given having reference to the care and prevention of disease. A lady lecturer from the British Red Cross Society also conducted a fortnight's lecture tour in the County.

INSPECTION AND SUPERVISION OF FOODS.

Food and Drugs (Adulteration) Act, 1928.

Mr. John White, F.I.C., the County Analyst, reports on the work carried out under the Act as follows :—

The collection of samples for analysis under the above Act is made by Sampling Officer William Etchells, who is a whole-time Officer, duly appointed by the County Council under the Food and Drugs (Adulteration) Act. In addition, he acts as Official Sampler and Inspector under the Fertilisers and Feeding Stuffs Act, 1926. His work is supervised by me as County Analyst and Agricultural Analyst, and he collects the samples day by day throughout the year. Arrangements are made whereby the County is covered as systematically as possible.

The following is a summary of the work done during the year 1929 :—

Total Samples analysed.	*Percentage adulterated.*	*Milk samples.*	*Percentage adulterated.*
2027	1·4	709	3·1

The average composition of the Milk samples was as follows :—

Non-fatty solids.	*Fat.*	*Total solids.*
8·81	3·67	12·48

Public Health (Milk and Cream) Regulations, 1912—1917.

During the year the following samples were examined under these Regulations :—

Cream	...	...	35
Milk ...	...	...	709

All the samples of cream were found to be free from Preservatives, with the exception of one, which contained 2·5 grains per pound Boric Acid. This was an informal sample, and an Official sample procured a few days later was free from Preservatives.

The whole of the samples of Milk were free from Preservatives.

The Public Health (Preservatives in Food) Regulations.

All the samples of Butter and Margarine were free from Preservatives.

Under these regulations, the only preservative substances permitted to be added to foodstuffs are Sulphur Dioxide and Benzoic Acid, the addition being controlled by a Schedule stating the maximum amount of each, which may be added to certain specified articles of Food. Any article of food not included in the schedule must be sold free from Preservatives.

During the year, 277 samples were specially examined for the presence of preservatives, and in only one instance did the amount of either Benzoic or Sulphur Dioxide exceed the prescribed limit. This was an informal sample of Candied Peel containing 250 parts per million Sulphur Dioxide, 100 parts per million being the maximum permitted by the Regulations. An official sample, procured three days later, was of satisfactory quality.

A specimen of Raspberry Cordial contained 0·02 per cent. of Salicylic Acid. Upon enquiry, it was found that the bottle was one of an old stock, and was in fact the only bottle of this Cordial in the vendor's possession.

Water.—The Urban and Rural District Councils in the County submit for analysis samples of water, under an arrangement made by the Public Health Committee, whereby they are analysed at nominal fees.

The number of samples received during 1929 was 192.

Samples of Water, Sewage Effluents, &c., are periodically submitted to me on behalf of the Public Health Committee, and general chemical work is undertaken for the various Committees of the County Council as required.

(Signed) John White, F.I.C.,
County Analyst.

MILK SUPPLY.

Five licences for the production of Grade "A" milk were issued during 1929 under the Milk and Dairies Amendment Act, 1922.

Milk & Dairies (Consolidation) Act, 1915 and Tuberculosis Order, 1925.—The procedure set out in the Survey Report for 1925 has again been followed during the year. The work done during the year under the Act and Order is set out below :—

Animals slaughtered	375
No. with advanced tuberculosis ...	309
No. with tuberculosis, but not advanced	65
No. not tuberculous	1
Milk samples examined	778
,, found positive on direct examination	45
,, found positive on inoculation	90
,, found negative on inoculation	643

CLEAN MILK COMPETITIONS.

It has been the custom in this County for a considerable number of years to encourage the protection of Clean Milk, and during 1929 this work was continued under the auspices of the County Agricultural Institute.

The County Agricultural Organiser, Mr. J. R. Bond, M.Sc., reports on the work of Clean Milk, as follows :—

Derbyshire was one of the first counties to undertake systematic educational work in improved methods of milk production, and was likewise one of the pioneers in the organisation of clean milk competitions. To-day the County occupies a high position in regard to the number of farmers who participate in the competitions and in the standard of hygienic quality attained by the competitors.

During the summer of 1929, 49 farmers participated in the contests; of these, 14 had previously won a diploma and were competing for the United Dairies Challenge Cup, 28 were novices, and seven were producers retailing within the Borough of Chesterfield.

Six samples of each competitor's milk were taken by surprise, at irregular intervals, extending over a period of three months, and each sample was submitted to standardised laboratory tests for (1) bacterial count, (2) coliform organisms (in dilutions of

1/1000cc., 1/100cc., 1/10cc., and 1cc.), and (3) keeping quality. Candidates attaining a certain standard on the results of laboratory tests were further judged by inspection of methods.

The designation of milk as " Certified," " Grade A," etc., is subject to certain conditions with regard to the bacterial content of the milk at the time of sale. " Certified " milk must not contain more than 30,000 bacteria per cc., and " Grade A " not more than 200,000 ; and coliform organisms must not be evident when the test is made with 1/10cc. in the former grade, or with 1/100cc. in the latter grade. Such milk is sold at an enhanced price owing to the increased cost incurred in its production ; but the demand for special milk is so small that only a very minute fraction of the total output of the County could be marketed in this form. The possibility of producing graded milk on a large scale, if required, may, however, be inferred from the fact that 62% of the samples taken from the second year competitors and 37% of the novices' samples complied with the tests for Grade A quality. The tests were made when the milks were 24 hours old, and the competitions were in progress during the summer months when temperature conditions increase the difficulty of keeping down the bacterial content of milk.

From time to time, suggestions have been made that a bacterial standard should be set up for ordinary ungraded milk, in addition to the existing rule that it must not contain tubercle bacilli. In one city to which Derbyshire exports milk, the presence of coliform organisms in 1/1000 cc. is to be regarded as a matter for proceedings under Section 2 of the Milk and Dairies (Amendment) Act, 1922. The results of the coli tests in the clean milk competitions may, therefore, be reviewed with special reference to the above arbitrary standard. Of the second year competitors' samples, 9%, and 32% of the novices' samples, contained coliform organisms in 1/1000cc. The whole of the second year competitors had previously engaged in a competition and had qualified to enter in the Championship Class ; they were, therefore, all experienced in the work, and it is manifest from the fact of their being competitors that they were anxious to attain a high standard of cleanliness. Yet even these farmers would sometimes be subject to strictures if judged on the basis of the presence of coliform organisms in 1/1000 cc. The novices, as might be supposed, were less successful in this particular ; but these farmers were also endeavouring to produce milk of superior quality. On the evidence of the above results, it is apparent that the rigid imposition of the test for coliform organisms is likely to involve hardship on farmers who are genuinely striving to produce clean milk.

The presence of coliform organisms in milk is not necessarily evidence of careless methods in the cowshed ; their absence, however, is evidence of success in attention to detail. Milk as drawn from the cow may contain coli bacteria ; especially is this true of the first-drawn milk, for which reason the first three squirts from each teat should be milked into a separate vessel, and not sold. Even a hair falling from the cow into the milking pail may seed

the milk with bacteria of the coli type, hence the desirability of milking in covered pails and the necessity of washing the cows' teats, udders, tails, and flanks before milking. Clean hands and clean milking overalls are also essential; and the milk must be further protected from atmospheric contamination during its transit from the byre to the dairy and while passing over the refrigerator. Thorough sterilisation of the dairy utensils, including the railway churns, is also of primary importance. These methods are practised by producers of graded milk and by clean milk competitors; but their application with complete success depends equally on the intelligence and the whole-hearted co-operation of the cowmen as on the intentions and equipment of the farmer.

Model cowsheds and glazed-tile dairies do not in themselves ensure clean milk. Some of the most successful competitors are not favourably placed in regard to structural arrangements, and their work of keeping the cows clean would undoubtedly be facilitated by such improvements as the raising and cementing of the byre standings. The principal factors are, however, methods and attention to detail.

The clean milk competitions are being continued and extended during the present year, with the following number of entries and prizes:—

		Entries.	*Prizes.*
Class A.	County Championship ...	14	£10 10 0
B.	Small Herds	13	5 5 0
C.	Larger Herds	21	7 17 6
D.	Buxton Retailers	10	6 0 0
E.	Chesterfield Retailers ...	10	7 15 0
	Total ...	68	£37 7 6

Class A is open only to competitors who have previously attained Diploma standard. The winner of the first prize holds the United Dairies Challenge Cup for one year.

Classes B and C are for competitors who have not previously won a prize or diploma. The division into small herds (15 cows or less) and larger herds (16 cows or more) is intended to separate one-man herds from those in which the farmer is wholly or partly dependent on hired labour. The division of the novices into Classes B and C also meets the criticism of the small farmer who urges that he is unable to provide so much special equipment as is within the means of the larger producer. The competitor gaining the highest marks in Classes B and C holds the Midland Counties Dairies Challenge Cup for one year. In all classes, diplomas are awarded to competitors who attain a satisfactory standard, and certificates are given to the employees concerned.

Throughout the competitions the Institute staff give information and advice on methods and endeavour to solve difficulties in cases where the results appear not to be commensurate with the endeavours made to produce high grade milk.

The donors to the prize fund are as follows :—

Challenge Cups :—United Dairies, Ltd.

Midland Counties Dairies, Ltd.

Medals :— National Milk Publicity Council.

Prizes :—

Messrs. Nestles and Anglo-Swiss Condensed Milk Co., Ltd. ...	£5	5	0
National Farmers' Union :—			
County Executive	3	3	0
Chesterfield Branch	2	2	0
Derby Branch	2	2	0
Chesterfield Borough Health Com. ...	5	5	0
Buxton ,, ,, ,, ...	3	0	0

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS DISEASES.

TABLE X.

Cases of Notifiable Diseases notified during 1929
as reported by the Local Medical Officers of Health.

Urban Districts	Tuberculosis Pulmonary.	Tuberculosis Other	Small-Pox.	Scarlet Fever	Diphtheria.	Enteric Fever.	Puerperal Fever.	Puerperal Pyrexia	Cerebro-Spinal Fever.	Erysipelas.	Ophth. Neon.	Enceph. Lethary
Ilfreton	10	4	108	52	19	1	2	2	..	14	3	..
Ilvast'n & Boult'n	3	1	3	9	3	..	..	..	..	1	..	..
shbourne ..	7	1	..	4	..	..	..	2	..	2	..	..
akewell ..	4	3	..	3	..	..	..	1	..	..	1	..
aslow	1	1	..	1	..	..	..	..	..	..	..	..
olpor	12	2	63	43	4	..	..	..	..	2	1	..
olsover	11	5	120	47	10	..	..	3	1	3	1	..
onsall	1	1	..	..	..	1	..	..	..	..	..	..
rampt'n & Walt'n	2	..	..	3	3	..	..	..	..	1	..	..
ixton (Boro') ..	17	3	..	63	39	..	2	1	..	4	1	..
esterfield (Boro')	60	35	24	145	187	2	7	7	..	9	8	4
ay Cross ..	5	2	52	75	5	..	..	..	..	2	..	..
ronfield ..	6	2	..	19	4	..	..	2	..	1	..	..
ossop (Boro') ..	11	14	..	31	4	1	..	2	..	4	..	..
page ..	6	2	2	6	8	..	..	...	..	2	..	..
anor	16	21	3	43	15	3	2	1	..	11	2	1
eston (Boro') ..	31	14	4	69	7	1	..	1	..	3	..	..
ng Eaton ..	21	10	1	55	8	..	1	1	..	9	..	1
atlocks ..	11	2	..	48	6	..	..	..	...	1	..	..
ew Mills ..	3	4	..	26	3	..	1	1	..	3	1	2
orth Darley ..	5	4	2	8	4	..	..	..	..	1	..	..
pley ..	6	3	6	20	23	..	..	4	..	7	1	..
uth Darley ..	..	2	..	..	..	..	..	..	..	..	..	..
radlincote ..	19	6	..	28	23	..	..	4	..	16	2	..
rksworth ..	6	1	..	..	2	..	..	2	..	1	1	..
Urban Districts	274	143	388	798	377	9	15	34	1	97	22	8

Rural Districts.	Tuberculosis. Pulmonary.	Tuberculosis. Other.	Small Pox.	Scarlet Fever.	Diphtheria.	Enteric Fever.	Puerperal Fever.	Puerperal Pyrexia	Cerebro-Spinal. Fever.	Erysipelas.	Ophth Neon.	Enceph. Lethary
lbourne ..	13	8		21	2	..	..	4	..	3	..	..
kewell ..	15	7	..	58	8	2	1	3	..	7	..	..
sford	1	1	..	4	..	..	..	1	..	4	1	..
lper	21	12	40	44	11	1	2	5	..	7	2	..
ackwell ..	47	18	130	239	44	2	3	11	..	22	7	1
apel-on-le-Frith	17	5	..	50	11	..	2	1	..	5	1	..
esterfield ..	59	45	133	376	154	4	10	9	..	38	16	..
wno	17	9	..	44	16	..	..	3	2	4	..	..
ssop Dale ..	3	2	..	5	..	3	..	..	..	1	..	..
rtshorne & Seals	15	6	..	13	16	..	..	..	..	5	..	..
yfield	6	2	..	7	2	1	..	..	..	4	1	..
rton	9	1	..	42	..	1	..	..	..	2	..	..
pton	11	4	..	51	13	2	..	3	1	14	3	..
rdlow ..	34	2	5	104	21	1	2	6	..	22	6	2
lbury ..	4	1	..	..	..	..	..	...	..	..	..	..
ral Districts	272	123	308	1058	298	17	20	46	3	138	37	3
an Districts	274	143	388	798	377	9	15	34	1	97	22	8
olc County ..	546	266	696	1856	675	26	35	80	4	235	59	11

TABLE XI.

Showing the number of Cases, the number of Deaths given by Registrar-General, the ca rate per 1,000 of population and the case mortality per cent from Smallpox, Scarlatin Diphtheria and Typhoid Fever.

Urban Districts.	Smallpox.				Scarlatina.				Diphtheria and Membranous Croup.				Typhoid Fever.			
	No. of Cases.	No. of Deaths.	Case rate per 1,000 of population.	Case mortality per cent.	No. of Cases.	No. of Deaths.	Case rate per 1,000 of population.	Case mortality per cent.	No. of Cases.	No. of Deaths.	Case rate per 1,000 of population.	Case mortality per cent.	No. of Cases.	No. of Deaths.	Case rate per 1,000 of population.	Case mortality
Alfreton	108	...	4·99	...	51	...	2·35	...	20	...	·92	...	1	...	.04	..
Alvaston & Boulton	3	...	1·29	...	9	...	3·89	...	3	...	1·29	...	...	...	...	..
Ashbourne ...	...	...	...	...	4	...	·88	...	...	...	...	...	...	...	...	..
Bakewell	...	...	...	...	3	...	·96	...	...	...	...	...	...	...	...	..
Baslow	...	...	...	...	1	...	1·18	...	...	...	...	...	...	...	...	..
Belper	63	...	4·82	...	40	...	3·06	...	4	...	·30	...	...	...	...	..
Bolsover	120	...	9 41	...	47	1	3·68	2·12	10	...	·78	...	...	...	...	..
Bonsall	...	...	...	...	...	...	...	...	...	..	...	...	1	...	·83	..
Brampton & Walton	...	...	...	...	3	...	1·33	...	3	...	1·33	...	...	...	...	..
Buxton (Boro') ...	...	...	...	...	58	...	3·40	...	35	3	2·05	8·56	...	...	...	..
Chesterfield (Boro')	24	...	·36	...	144	...	2·20	...	189	14	2·89	7·40	2	1	·03	50
Clay Cross	52	...	5·95	...	75	...	8·59	...	5	1	·57	20·00	...	...	...	..
Dronfield	...	...	...	...	18	...	3·99	...	3	...	·66	...	...	...	...	..
Glossop (Boro') ...	...	...	...	...	31	...	1·57	...	4	...	·20	...	1	...	·05	..
Heage	2	...	·45	...	6	...	1·36	...	7	...	1·58	...	...	...	...	..
Heanor	3	...	·13	...	43	...	1·86	...	15	1	.65	6·66	3	...	·13	..
Ilkeston (Boro') ...	4	...	·12	...	69	...	2·07	...	7	2	·21	28·57	1	...	·03	..
Long Eaton ...	1	...	·04	...	52	...	2·33	...	8	...	·36	...	...	...	...	..
Matlocks	...	...	...	...	48	2	4·94	4·16	6	...	·62	...	...	...	...	..
New Mills	...	...	...	...	27	...	3·01	...	3	...	·33	...	...	...	...	..
North Darley ...	2	...	·48	...	8	...	1·90	...	4	...	·95	...	...	...	...	..
Ripley	6	...	·43	...	22	...	1·57	...	20	3	1·43	15·00	...	...	...	..
South Darley ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..
Swadlincote ...	...	...	...	...	28	...	1·32	...	23	2	1·09	8·69	...	...	...	..
Wirksworth ...	...	...	...	...	...	...	...	...	2	...	·51	...	...	...	...	..
Urban Districts ...	388	...	1·20	...	787	3	2·44	·38	371	26	1·15	7.00	9	1	·02	11

Rural Districts.	Smallpox.				Scarlatina.				Diphtheria and Membranous Croup.				Typhoid Fever.			
Ashbourne ...	...	...	...	...	21	...	2·00	...	2	...	·19	...	...	...	...	..
Bakewell	...	...	...	...	55	1	2·92	1·81	8	2	·42	25·00	2	1	·10	50
Basford	...	...	...	...	4	...	2·25	...	...	...	...	...	...	...	...	..
Belper	40	...	1·58	...	43	...	1·69	...	11	...	·43	...	1	...	·04	..
Blackwell	130	...	2·90	...	236	2	5·28	·84	43	3	·96	6·97	2	1	·04	50
Chapel-en-le-Frith	...	...	...	...	50	...	2·95	...	8	...	·47	...	...	...	...	..
Chesterfield ...	133	...	1·57	...	363	1	4·28	·27	149	11	1·75	7·38	4	2	·04	50
Clowne	...	...	...	...	45	...	2·41	...	14	1	·74	7·14	...	...	...	...
Glossop Dale ...	...	...	...	...	5	...	1·30	...	...	...	..	...	3	...	·78	...
Hartshorne & Seals	...	...	...	...	14	...	1·55	...	9	2	·99	22·22	...	...	...	...
Hayfield	...	...	...	...	7	...	1·58	...	2	...	·45	...	1	...	·22	...
Norton	...	...	...	...	42	...	7·41	...	...	...	...	...	1	...	·17	...
Repton	...	...	...	...	52	...	2·84	...	13	...	·71	...	2	1	·11	50
Shardlow	6	...	16	...	101	2	2·74	1·99	19	...	·51	...	1	...	·03	...
Sudbury	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Rural Districts ...	309	...	1·02	...	1038	6	3·43	·57	278	19	·92	6·83	17	5	·05	2
Urban Districts ...	388	...	1·20	...	787	3	2·44	·38	371	26	1·15	7·00	9	1	·02	11
Whole County ...	697	...	1·11	...	1825	9	2·92	·49	649	45	1·03	6·93	26	6	·04	23

INFECTIOUS DISEASES GENERALLY.

Smallpox.—The following Table shows the number of cases of Smallpox notified during the years 1921—1929 inclusive, and shows that the disease is still prevalent, a marked increase being noted in 1928 and 1929:—

TABLE XII.

	1921	1922	1923	1924	1925	1926	1927	1928	1929
Urban Districts.									
Alfreton	...	...	23	1	...	2	123	130	108
Alvaston & Boulton	...	...	...	...	18	1	...	4	3
Ashbourne	...	...	...	...	...	...	...	1	...
Belper	...	1	1	...	2	70	103	36	63
Bolsover	...	15	19	36	7	19	...	78	120
Brampton & Walton	...	...	...	...	...	...	1	...	...
Chesterfield (Boro')	...	...	32	518	76	2	8	11	24
Clay Cross	...	...	...	3	52	...	...	1	52
Heage	...	...	...	...	...	39	27	2	2
Heanor	...	34	144	11	1	...	3	40	3
Ilkeston (Boro') ...	...	100	15	3	...	...	...	34	4
Long Eaton ...	14	1	43	12	...	...	...	2	1
Matlocks	1	...	...	...	...	...	1	...	...
North Darley ...	...	...	...	...	...	...	...	...	2
Ripley	...	...	5	1	1	9	119	15	6
Swadlincote ...	...	...	8	135	...	10	7	...	...
Wirksworth ...	...	...	...	...	...	1	...	1	...
Rural Districts.									
Bakewell	1	...	...	...	...	...	...	...	...
Basford	1	2	...	...	...	...	...	...	...
Belper	...	49	...	...	...	8	46	18	40
Blackwell	1	8	77	154	77	47	17	101	130
Chesterfield ...	...	...	...	216	91	5	9	101	133
Clown	...	15	86	4	1	...	3	...	...
Hartshorne & Seals	...	...	1	2	...	...	...	...	...
Repton	...	...	...	5	2	1	1	...	...
Shardlow	3	3	22	22	11	10	6	34	5
TOTALS ...	21	228	476	1123	339	224	474	609	696

Vaccination.—Section 2 of the Local Government Act, 1929, transfers the Vaccination duties from the Poor Law Guardians to County Council and County Borough Council Health Authorities.

The Vaccination Act of 1907 was, for all practical purposes, the end of compulsory vaccination in England. Under this Act a conscientious objector may obtain exemption by sworn declaration in *lieu* of having to satisfy a Magistrate of sincerity of conviction.

This country is the outstanding exception in that where our laws relating to vaccination have been whittled down to more or less

complete ineffectiveness, almost all other civilised countries are strengthening theirs. I am aware of 13 Vaccination Acts from 1840 to 1907, and the 1907 is appropriately enough the thirteenth. It evaded the enforcement of procedure which, if sound—and that I believe it to be—should have been enforced ; on the other hand, it perpetuated the illusion of compulsory vaccination.

The Vaccination Order of 1929 has made it difficult even for those who wish to be adequately vaccinated to obtain the protection which that operation gives. My opinion is that vaccination carried out in accordance with the Vaccination Order of 1929 will be but a poor protection against smallpox. It may protect against the mild form now prevalent, but I am very doubtful that it will effectively protect against virulent smallpox, which may return at any time.

With over 76 per cent. of the children in this County unvaccinated, it is obvious that there is no such thing as compulsory vaccination, and it is questionable, judging from results achieved under the law as it stands, whether it would not be better to remove all semblance of compulsion.

TABLE XIII.

Smallpox and Vaccination as returned by Local Medical Officers of Health.

Urban Districts	*No. of Cases Notified.*	*Number*		
		Vaccinated and Re-vaccinated.	*Vaccinated in Infancy.*	*Unvaccinated.*
Alfreton	108	—	4	104
Alvaston and Boulton ...	3	1	1	1
Ashbourne	—	—	—	—
Bakewell	—	—	—	—
Baslow	—	—	—	—
Belper	63	—	8	55
Bolsover	120	—	5	115
Bonsall	—	—	—	—
Brampton & Walton ...	—	—	—	—
Buxton (Boro')	—	—	—	—
Chesterfield (Boro') ...	24	—	6	18
Clay Cross	52	—	8	44
Dronfield	—	—	—	—
Glossop (Boro')	—	—	—	—
Heage	2	—	—	2
Heanor	3	—	—	3
Ilkeston (Boro')	4	—	1	3
Long Eaton	1	—	—	1
Matlocks	—	—	—	—
New Mills	—	—	—	—
North Darley	—	—	—	—
Ripley	6	—	1	5
South Darley	—	—	—	—
Swadlincote	—	—	—	—
Wirksworth	—	—	—	—
	386	1	34	351
Rural Districts.				
Ashbourne	—	—	—	—
Bakewell	—	—	—	—
Basford	—	—	—	—
Belper	37	—	2	5
Blackwell	130	—	7	123
Chapel-en-le-Frith	—	—	—	—
Chesterfield	133	—	18	115
Clowne	—	—	—	—
Glossop Dale	—	—	—	—
Hartshorne & Seals ...	—	—	—	—
Hayfield	—	—	—	—
Norton	—	—	—	—
Repton	—	—	—	—
Shardlow	5	—	1	4
Sudbury	—	—	—	—
Rural Districts	305	—	28	247
Urban Districts	386	1	34	351
Whole County	691	1	62	598

Diphtheria.—The number of cases of diphtheria notified during 1929 was 649, compared with 709 in 1928, whilst the deaths numbered 45, as against 44 in the previous year. The case mortality in 1929 was 6·92, compared with 6·20 in 1928.

The numbers of specimens received at the County Laboratory for examination for the diphtheria bacillus during the past six years are as follows :—

1924	...	4,031
1925	...	5,802
1926	...	5,102
1927	...	4,154
1928	...	3,976
1929	...	4,695

Scarlet Fever.—During the year, 1,825 cases of this disease were notified, of which nine proved fatal, compared with 1,233 cases and seven deaths in the previous year. The figures for 1929 give a case mortality of ·49, compared with ·56, the figure for 1928.

Whooping Cough.—56 deaths occurred from this disease during 1929, giving a death rate of ·09 per thousand of the population.

Enteric Fever.—26 cases of this disease occurred during the year. There were six deaths, giving a case mortality of 23·07, compared with 17·39, the case mortality for the previous year.

TABLE XIV.—**Enteric or Typhoid Fever.**

Year.	Cases.	Case Mortality per cent.	Death Rate per 1,000 pop.	Case rate per 1,000 of population.
1900	678	14·8	·203	1·36
1901	495	15·5	·16	·98
1902	262	17·5	·09	·52
1903	340	10·5	·07	·67
1904	352	15·0	·11	·68
1905	263	17·11	·09	·50
1906	333	15·0	·09	·62
1907	194	18·56	·07	·35
1908	238	15·55	·07	·43
1909	157	15·27	·05	·27
1910	143	12·59	·03	·25
1911	189	15·34	·05	·33
1912	116	21·55	·04	·20
1913	120	20·83	·04	·21
1914	59	13·56	·01	·10
1915	88	22·7	·03	·16
1916	74	22·98	·03	·13
1917	52	19·24	·02	·09
1918	58	25·86	·02	·11
1919	123	12·20	·02	·22
1920	58	13·79	·01	·10
1921	63	12·70	·01	·10
1922	25	8·0	·003	·04
1923	42	16·66	·01	·07
1924	52	7·69	·01	·08
1925	37	8·10	·005	·06
1926	26	15·39	·006	·04
1927	47	12·76	·009	·07
1928	23	17·39	·01	·04
1929	26	23·07	·01	·04

Typhoid Carrier.—During the year, two cases of typhoid fever, at first appearing to be unconnected, occurred—one in March and one in October, in different areas of the County. The Medical Officer of Health, in his investigations, found, however, that at the time of each case, a Mrs. " X " was living at the house at which the case occurred. Further investigations by him shewed that during 1927 and 1928, two other cases had occurred in houses at which this Mrs. " X " was living. She was suspected to be a typhoid carrier, and investigations were carried out in the County Laboratory. Three consecutive examinations of fæces gave negative results, and several single examinations of fæces were made without finding typhoid bacilli.

Typhoid bacilli were never found in the urine.

Widal agglutination reaction to bacillus typhosus was negative, and there was no agglutination of any of the enteric group bacilli.

Dreyer's macroscopical method gave negative results to the whole enteric group.

Finally, four consecutive specimens of fæces were examined. The first three proved negative ; the fourth gave a sub-culture of bacillus typhosus ; the fifth and sixth specimens were negative ;

the seventh gave a moderately abundant growth of bacillus typhosus, shewing that excretion of typhoid bacilli was occurring, but in an intermittent manner.

The patient was very distressed at finding herself an unwitting source of this disease to others, and readily submitted to have her gall bladder removed. The bile in the gall bladder gave abundant growth of bacillus typhosus in pure culture, even in dilution of one in one million.

Encephalitis Lethargica.—The following table gives the number of cases of Encephalitis Lethargica notified in the various Sanitary Districts of the County from June, 1920, to December, 1929 :—

TABLE XV.

Districts.	1920 (from June).	1921	1922	1923	1924	1925	1926	1927	1928	1929
URBAN.										
Alfreton ...	...	1	...	...	1	1	...	...	...	...
Bakewell ...	...	...	1	...	1	...	1	...	...	...
Belper ...	1	3	...	2	...	...	...	...	1	...
Bolsover ...	1	...	...	...	...	1	1	...	...	...
Bonsall ...	...	...	1	...	...	...	...	...	...	...
Brampton & Walton	...	...	...	...	1	...	...	...	...	...
Buxton Boro'	2	...	1	...	2	1	1	...	1	...
Chesterfield Boro'	...	2	...	1	8	11	5	4	6	4
Clay Cross ...	...	...	...	...	2	2	...	...	...	2
Dronfield ...	...	...	...	...	4	1	...	...	...	...
Glossop Boro'	...	...	1	2	2	...	...	1	3	...
Heage ...	...	1	...	...	1	...	...	1	...	...
Heanor ...	2	1	1	...	1	...	...	1	1	1
Ilkeston Boro'	1	...	...	...	1	1	...	...	2	...
Long Eaton	...	...	1	...	2	1	1	...	...	1
Matlocks ...	...	1	...	...	...	...	...	...	...	...
New Mills ...	1	...	...	...	4	4	2	1	3	2
Ripley ...	...	...	...	...	2	1	1	...	...	...
Swadlincote	...	...	...	1	...	...	...	2	...	...
RURAL.										
Bakewell ...	...	1	...	...	3	1	...	...	...	...
Belper ...	...	...	1	...	6	1	...	...	...	...
Blackwell ...	...	1	...	...	6	5	...	3	1	1
Chapel-en-le-Frith	1	...	...	...	2	1	2	...	...	...
Chesterfield	...	1	1	...	17	9	1	...	1	...
Clown ...	...	...	...	...	2	...	4	1	1	...
Hartshorne & Seals	...	...	...	...	...	1	...	...	...	...
Hayfield ...	...	1	...	...	3	...	...	...	...	...
Norton ...	...	...	...	...	4	...	...	...	...	...
Repton ...	...	...	...	...	4	...	...	1	1	...
Shardlow ...	...	1	1	...	4	1	...	...	...	2
Sudbury ...	...	...	...	...	1	...	...	...	...	...
Totals	9	14	9	6	84	43	19	15	21	13

Measles.—The total number of deaths from Measles during 1929 was 20, compared with 70 in 1928.

Polio-Myelitis.—During the year, 11 cases of this disease were notified, and two were investigated by the Orthopædic Surgeon.

TABLE XVI.—**Cancer.**

Death Rate per annum in England and Wales and Derbyshire, and number of Deaths in Derbyshire, since 1901.

Year.	Deaths Rates. England and Wales.	Derbyshire.	No. of Deaths in Derbyshire.
1901-1910	0·89	0·667	346 average
1911	0·99	0·730	410
1912	1·10	0·728	414
1913	0·98	0·822	472
1914	0·98	0·872	507
1915	0·96	0·830	460
1916	0·98	0·951	513
1917	0·99	0·929	489
1918	0·99	1·022	532
1919	1·17	0·871	481
1920	1·16	0·988	559
1921	1·21	0·990	586
1922	1·22	0·980	585
1923	1·26	1·010	606
1924	1·29	0·990	605
1925	1·33	0·987	604
1926	1·36	1·153	710
1927	1·37	1·246	774
1928	1·42	1·190	743
1929	...	1·148	717

TABLE XVII.

Table shewing incidence of deaths from Cancer among Males and Females at varying ages.

Year.	AGES. Under 25		25—45		45—65		65 and over.		Totals.		Grand Total.
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
1916	6	5	21	38	101	143	96	103	224	289	513
1917	3	5	10	35	102	143	90	101	205	284	489
1918	3	6	13	38	112	153	98	109	226	306	532
1919	5	5	12	37	101	129	85	107	203	278	481
1920	5	2	21	36	114	149	120	112	260	299	559
1921	4	1	24	32	103	152	130	140	261	325	586
1922	3	5	19	34	122	178	105	119	249	336	585
1923	3	3	11	36	126	177	121	129	261	345	606
1924	3	4	15	32	126	149	141	135	285	320	605
1925	2	5	16	29	132	146	139	135	289	315	604
1926	5	5	12	40	148	182	152	166	317	393	710
1927	5	3	23	41	166	209	156	171	350	424	774
1928	2	6	20	38	150	187	177	161	349	394	743
1929	6	1	22	24	147	157	167	193	342	375	717

The following table, compiled at the request of the Ministry of Health, shews the Incidence of Notifiable Diseases in the County during 1929 :—

TABLE XVIII.—**Incidence of Notifiable Diseases.**

	Total Cases notified.	*Cases admitted to Hospital.*	*Total Deaths.*
Smallpox	696	696	—
Scarlet Fever ...	1825	1369	9
Diphtheria ...	649	528	45
Enteric Fever ...	26	9	6
Puerperal Fever ...	46	16	18
Puerperal Pyrexia ...	68	22	—*
Pneumonia ...	—*	—*	558
Cerebro Spinal Fever	—*	—*	—*
Erysipelas	226	—*	—*
Ophthal. Neonatorum	59	6	—
Encephalitis Lethargica	11	4	—
Measles	—*	—*	20
Chicken-Pox ...	—*	—*	—*

*No information available.

Further particulars are given in Table V., where the numbers of cases of Infectious Diseases notified in each Hospital District are set out.

Infectious Diseases in Schools.—Inter-notification between the teachers, the local medical officers of health and the Central Office has made it possible to keep a close watch on the occurrence of infectious diseases in the schools. The Assistant Medical Officers investigate, in co-operation with the Local Medical Officers of Health, and give advice to the teachers and, where necessary, exclude children to prevent the spread of infection. During the year many such investigations were carried out, and the following table shows the number of children examined for this purpose :—

Diphtheria	640
Smallpox	4,654
Scarlet Fever	1,303
Other Diseases	64
	6,661

The number of schools closed during the year on account of infectious diseases is given in the following table. It will be seen that there is a slight decrease in the number of schools closed as compared with that of the previous year. Two schools were closed by the School Medical Officer and 12 by the Local Sanitary Authority, compared with a total of 19 schools closed during 1928. It must not be lost sight of that in exceptional cases only is it necessary to close a school in the interests of public health.

TABLE XIX.

Year.	No. of Schools or Departments closed.	No. Closed by School Med. Officer.	No. Closed by Sanitary Authority.	REASON FOR CLOSURE.							
				Influenza.	Measles.	Whooping Cough.	Chicken Pox.	Scarlet Fever.	Diphtheria.	Mumps.	Other Causes.
1918	463	153	310	394	25	20	9	5	5	3	2
1919	70	28	42	28	32	1	1	2	4	1	1
1920	60	24	36	1	44	1	—	3	10	—	1
1921	59	19	40	39	2	7	—	4	6	1	—
1922	44	27	17	11	22	5	1	2	—	—	3
1923	42	23	19	2	21	6	1	5	—	2	5
1924	32	14	18	3	17	2	1	2	1	1	5
1925	52	10	42	11	33	6	—	—	1	1	—
1926	14	1	13	—	8	3	—	2	1	—	—
1927	128	16	112	100	14	2	1	1	1	2	7
1928	19	3	16	—	15	1	—	2	1	—	—
1929	14	2	12	7	1	1	—	3	1	—	1

BACTERIOLOGICAL LABORATORY.

During the year, 12,700 bacteriological examinations were made at the County Laboratory, compared with 11,474 in the previous year. The following Table shows the origin of the specimens :—

TABLE XX.

Medical Practitioners	3,975
School Medical Staff	536
Dispensary Staff	1,164
Hospitals (Isolation and others)	2,501
Venereal Diseases	2,546
Hairs for Ringworm	109
Local Authorities :—	
Milk Inoculations. Tuberculosis Order.	349
Milk Inoculations. Ordinary Routine Samples ...	329
Milk for Bacterial Count and Bacillus Coli ...	284
Milk, Direct Examinations. Tuberculosis Order ...	232
Outside Authorities :—	
Milk Inoculations. Derby Borough	55
Milk for Bacterial Count and Bacillus Coli. Derby Borough	64
Miscellaneous. Derby Borough	152
Miscellaneous. Derby City Hospital	298
Examinations for which a fee is paid	106
Total	12,700

The number of specimens sent in by Medical Practitioners from the Urban Districts was 6·78 per thousand of the population, and in the Rural Districts it was 5·92.

TABLE XXI.—Bacteriological Specimens Examined.

Districts.	Population.	No. of Specimens sent.	Rate per 1,000.
URBAN.			
Alfreton	21,630	58	2·68
Alvaston & Boulton	2,313	33	14·26
Ashbourne	4,504	14	3·10
Bakewell	3,159	34	10·76
Baslow	845	4	4·73
Belper	13,050	65	4·98
Bolsover	12,750	53	4·15
Bonsall	1,195	6	5·02
Brampton & Walton	2,255	11	4·87
Buxton (Boro')	17,030	190	11·15
Chesterfield (Boro')	65,270	807	12·36
Clay Cross	8,727	53	6·07
Dronfield	4,503	20	4·44
Glossop (Boro')	19,720	144	7·30
Heage	4,403	13	2·95
Heanor	23,050	162	7·02
Ilkeston (Boro')	33,260	112	3·36
Long Eaton	22,240	151	6·78
Matlocks	9,714	20	2·05
New Mills	8,967	49	5·46
North Darley	4,196	6	1·43
Ripley	13,940	26	1·86
South Darley	674	Nil.	Nil
Swadlincote	21,090	106	5·02
Wirksworth	3,915	50	12·77
Urban Districts ..	322,400	2,187	6·78
RURAL.			
Ashbourne	10,500	37	3·52
Bakewell	18,800	98	5·21
Basford	1,774	7	3·94
Belper	25,320	195	7·70
Blackwell	44,670	251	5·61
Chapel-en-le-Frith	16,900	68	4·02
Chesterfield	84,710	246	2·90
Clowne	18,670	62	3·32
Glossop Dale	3,846	6	1·56
Hartshorne & Seals	9,005	57	6·32
Hayfield	4,424	21	4·74
Norton	5,661	17	3·00
Repton	18,270	143	7·82
Shardlow	36,830	571	15·50
Sudbury	2,520	9	3·57
Rural Districts ..	301,900	1,788	5·92
Urban Districts ..	322,400	2,187	6·78
WHOLE COUNTY ..	624,300	3,975	6·36

TABLE XXII.—**Specimens received from Medical Practitioners during 1929.**

Districts.	Enteric Fever.		Diphtheria.		Phthisis.		Miscellaneous		Total	
	Pos.	Neg.	Pos.	Neg.	Pos.	Neg.	Pos.	Neg.	Pos.	Neg.
URBAN.										
Alfreton	..	..	..	7	3	32	11	5	14	44
Alvaston & Boulton ..	..	..	3	16	1	11	2	..	6	27
Ashbourne	..	..	..	2	3	7	2	..	5	9
Bakewell	..	2	..	7	3	15	2	5	5	29
Baslow	..	..	..	2	..	2	..	..	..	4
Belper	2	13	2	19	3	21	4	1	11	54
Bolsover	..	..	3	25	5	16	2	2	10	43
Bonsall	..	..	..	1	..	2	1	2	1	5
Brampton & Walton ..	..	..	3	5	2	1	..	..	5	6
Buxton (Boro') ..	..	2	32	128	4	15	3	6	39	151
Chesterfield (Boro') ..	..	4	39	629	19	74	13	29	71	736
Clay Cross	..	4	4	17	2	25	1	..	7	46
Dronfield	1	3	..	4	2	10	..	..	3	17
Glossop (Boro') ..	4	4	1	84	5	30	6	10	16	128
Heage	..	..	2	5	3	3	..	..	5	8
Heanor	2	26	1	15	5	46	24	43	32	130
Ilkeston (Boro') ..	1	7	3	16	10	65	5	5	19	93
Long Eaton	..	..	6	59	8	69	3	6	17	134
Matlock	..	4	1	3	..	9	2	1	3	17
New Mills	..	..	..	20	1	18	8	2	9	40
North Darley	..	..	..	1	..	1	2	2	2	4
Ripley	..	..	2	3	3	14	1	3	6	20
South Darley	..	..	..	..	..	..	..	..	..	..
Swadlincote	..	..	8	37	7	46	6	2	21	85
Wirksworth	..	..	2	8	3	12	17	8	22	28
Urban Districts	10	69	112	1113	92	544	115	132	329	1858
RURAL.										
Ashbourne	..	..	1	17	2	15	2	..	5	32
Bakewell	2	23	8	32	1	14	8	10	19	79
Basford	..	..	..	..	..	1	5	1	5	2
Belper	..	3	11	65	7	35	33	41	51	144
Blackwell	3	7	10	51	19	113	33	15	65	186
Chapel-en-le-Frith ..	1	4	6	17	4	14	14	8	25	43
Chesterfield	1	12	20	86	14	100	10	3	45	201
Clowne	..	4	4	16	6	27	4	1	14	48
Glossop Dale ..	..	..	..	1	1	4	..	..	1	5
Hartshorne & Seals ..	..	..	6	22	4	25	..	..	10	47
Hayfield	1	3	..	2	4	10	1	..	6	15
Norton	1	5	..	1	5	4	..	1	6	11
Repton	..	6	4	80	5	21	12	15	21	122
Shardlow	2	14	28	395	7	63	26	36	63	508
Sudbury	..	..	..	..	..	..	9	..	9	..
Rural Districts ..	11	81	98	785	79	446	157	131	345	1443
Urban Districts ..	10	69	112	1113	92	544	115	132	329	1858
Whole County ..	21	150	210	1898	171	990	272	263	674	3301

TABLE XXIII.—Specimens received from Hospitals, 1929.

Hospital.	Enteric Fever.		Diphtheria.		Phthisis.		Miscellaneous.		Total.	
	Pos	Neg.	Pos.	Neg.	Pos.	Neg.	Pos.	Neg	Pos.	Neg.
Belper	..	..	62	325	..	..	..	..	62	325
Buxton	..	..	15	64	..	..	..	..	15	64
North Derbyshire Royal Hospital..	2	14	..	3	..	..	1	4	3	21
Draycott	..	..	9	81	..	..	..	..	9	81
Dronfield	3	4	20	123	..	..	..	1	23	128
Etwall	..	..	28	90	..	..	2	..	30	90
Gamesley	..	..	..	83	..	..	..	..	..	83
High Peak	..	..	4	27	..	..	..	2	4	29
Haddon	..	..	11	33	..	..	1	1	12	34
Ilkeston Sanatorium..	..	..	1	5	..	2	..	..	1	7
Langwith	..	..	..	103	..	..	..	..	..	103
Mastin Moor	..	..	27	152	..	..	..	1	27	153
Morton	..	1	25	300	..	..	..	1	25	302
Penmore	..	..	99	768	..	..	1	2	100	770
Totals ..	5	19	301	2157	..	2	5	12	311	2190

Venereal Diseases Specimens.

TABLE XXIV.

The following Table shows the number of speeimens sent in under the V.D. Scheme for Examination during the year 1929 :—

Blood for Wassermann reaction	2,119
Pus for Gonococci	396
Serum for Spirochætes	3
Cerebro-Spinal Fluid for Cell Count	14
do. do. Globulin	11
do. do. Ascetic Anhydride Test ...	1
Culture for Gonococci	2
Total ...	2,546

TABLE XXV.

The following Table shows the number of Specimens received from the Dispensaries and Sanatoria during 1929 :—

Dispensary or Institution.	Sputa.		Miscellaneous.		Total.
	Pos.	Neg.	Pos.	Neg.	
Ashbourne	8	27	1	..	36
Burton-on-Trent ..	13	88	1	3	105
Chesterfield	56	138	1	3	198
Chinley	19	84	6	5	114
Derby	16	58	..	9	83
Glossop	16	74	3	2	95
Ilkeston	38	144	2	3	187
Long Eaton	11	84	..	..	95
Matlocks	16	68	6	5	95
Penmore Pavilion ..	36	4	..	..	40
Derbyshire Sanatorium	1	7	19	26	53
Brotby Hall	..	1	6	47	54
Whitworth Hospital ..	6	1	2	..	9
Totals	236	778	47	103	1164

TABLE XXVI.

School Specimens.—The following is a list of the School Specimens received during the year 1929:—

	Pos.	Neg.
Swabs for Diphtheria	4	125
Hair for Ringworm	173	148
Miscellaneous	26	60
	203	333
Total	536	

Tubercle in Milk.

During the year 733 samples of milk were examined for the presence of tubercle bacilli by animal inoculation. 90 samples, or 12·27 per cent. were found to contain tubercle bacilli. The 733 samples included 55 from Derby Borough.

During 1929, 174 samples of milk were submitted for bacterial count. Of this number 144 came within the limits of Grade "A" milk.

The following Table gives details of the examinations :—

TABLE XXVII.

Limit of Bacterial Content for Grade "A" Milk.

	Up to 10,000.	Over 10,000 and up to 20,000.	Over 20,000 and up to 50,000.	Over 50,000 and up to 100,000.	Over 100,000 and up to 200,000.	Over 200,000 and up to 1,000,000	Over 1,000,000.	Uncountable.
No. of Tests (Total 174)	48	28	33	18	17	19	6	5
Highest Bacterial Count	10,000	20,000	47,000	98,000	196,000	796,000	3,216,000	—
Lowest Bacterial Count	Nil	11,000	21,000	50,000	104,000	210,000	1,572,000	—
Average Bacterial Count	5,653	15,957	33,757	70,888	157,431	457,368	2,152,666	—

MILK EXAMINED FOR BACILLUS COLI.

Dilution.	*Positive.*	*Negative.*	*Total.*	*Percentage with B. Coli*
0·01 c.c. ...	36	138	174	20

(Grade "A" Milk=No Bacillus Coli Communis in any of three tubes each containing $\frac{1}{100}$ *c.c. of milk).*

MATERNITY AND CHILD WELFARE.

MIDWIVES ACTS, 1902 & 1918

AND

MIDWIVES AND MATERNITY HOMES ACT, 1926.

Number of Midwives.—At the end of 1929 there were 345 midwives on the County Roll. 288 were trained midwives and of these, 78 were District Nurse-Midwives.

The following changes of midwives took place during the year.

Deaths of Midwives	2
No. retired from practice voluntarily, whose Certificates were cancelled by the C.M.B.	6
No. of trained midwives who have left the County, of whom 11 were District Nurse-Midwives	12
No. who have done temporary duty for District nurses	17
No. of new Midwives enrolled	27

The number of Midwives on the County Roll has increased by 7 during the year.

Deaths following Child-Birth.—During 1929, information was received concerning 54 women who died following child-birth. The causes of death were as follows :—

Puerperal Fever	20
Kidney Conditions	6
Hæmorrhage	6
Cardiac Conditions	7
Pulmonary Embolism	7
Respiratory Conditions	5
Various Diseases	3

Of these deaths, 32 occurred in hospitals or Maternity Homes

Records Received.—The following Table gives the records received, the cases of Puerperal Fever and Puerperal Pyrexia in the practice of midwives only, and all cases of Ophthalmia Neonatorum,

whether in the practice of doctors or midwives, with the corresponding figures for previous years :—

	1923	1924	1925	1926	1927	1928	1929
Records received—							
Medical Help ..	1240	1353	1414	1565	1575	1675	1856
Still Births ..	173	158	178	127	126	136	160
Deaths of Children ..	28	30	32	26	36	34	46
Deaths of Mothers ..	...	3	2	2	1	2	9
Laying-out the Dead	22	21	15	14	13	21	15
Liability to be a source of infection	31	53	44	45	59	38	107
Notification of Artificial Feeding (within 10 days)	80	108	85	96	73	80	84
Puerperal Fever—							
Midwives' cases ...	11	22	19	25	12	13	21
Puerperal Pyrexia—							
Midwives' cases	...	...	...	15	34	26	46
Ophthalmia Neotorum—							
ALL Cases	55	67	47	53	66	57	56

The following is an analysis of the 1,856 Medical Help records received during 1929 :—

Abortion or Miscarriage	121
Varicose Veins	1
Ante-partum Hæmorrhage	69
Discharge during Pregnancy ...	7
Retarded Labour	408
Abnormal Presentation	124
Retained Placenta	58
Lacerated Perinæum	380
Still Births	31
Fits or Convulsions	3
Post-partum Hæmorrhage	37
Rise of Temperature	71
White Leg	4
Inflammation of the Breast	2
Puerperal Insanity	1
Prolapse	13
Injuries or Malformations	21
Dangerous feebleness of child ...	68
Eyes, condition of	91
Skin Eruption	10
Navel	4
Miscellaneous	332
Total ...	1,856

Inspections of Midwives—

Inspection Forms marked "Good" ...	645
" " " "Satisfactory" ...	103
" " " "Indifferent" ...	26
" " " "Bad" ...	6
No. of other inspections and visits ...	332
No. of Midwives out	244
Total ...	1,356

Midwives suspended from practice for being in contact with :–

Puerperal Fever	6
Puerperal Pyrexia	22
Pemphigus Neonatorum	3
Scarlet Fever	3
Ophthalmia Neonatorum	1
Diphtheria	1
Suspected Smallpox	1
Chicken-pox...	2
Septic Hand	1
	40

Special Letters of Warning.—Thirteen special letters of warning were sent to midwives in the County for breaking the rules of the Central Midwives Board.

Payment of Doctors' Fees under Section 14(1) of the Midwives Act.—In respect of the financial year ended March 31st, 1930, 986 claims were received from medical practitioners, amounting to £1,554 10s. 3d. Of these, 947 were passed for payment, amounting to £1,459 12s. 3d., the remainder being disallowed as not complying with the conditions laid down by the Midwives Acts and the Ministry of Health, or being cancelled by doctors previous to payment. Amounts refunded by patients for the same period amounted to £321 3s. 0d., and the total commission paid to collectors was £5 11s. 3d.

Provision of Free Milk.—In respect of the financial year ended March 31st, 1930, 137 applications for free milk were received. Of these, 92 were for fresh milk and 43 for dried milk, two not having been granted. The expenditure was £37 1s. 5d. for fresh milk and £19 10s. 0d. for dried milk.

Voluntary Infant Welfare Centres.—During the financial year ended March 31st, 1930, three Voluntary Infant Welfare Centres received a grant of £10 each from the County Council, namely Bradwell, Mickleover and Ashford.

Puerperal Fever.—The following table shews the number of cases of Puerperal Fever which occurred in the practice of midwives during 1929 :—

	Number of Midwives.	Number of Confinements.	Puerperal Fever Cases.	Cases per 1,000 Births.
Bona-fide Midwives ...	57	1109	—	—
Trained Midwives, including District Nurse-Midwives	288	5583	21	3·76
	345	6692	21	3·14

Puerperal Fever and Puerperal Pyrexia.—The following table shews the total number of cases of Puerperal Fever and Puerperal Pyrexia notified to me during the year 1929 and the case rate from each of these diseases per 1,000 births :—

Number of births ... 10,394.

	No. of Cases.	*Case rate per 1,000 births.*
Puerperal Fever ...	40	3·85
Puerperal Pyrexia ...	79	7·59

The number of cases admitted to hospitals under the County Council Puerperal Fever and Puerperal Pyrexia Scheme during 1929 was as follows :—

Derbyshire Royal Infirmary	18
Jessop Hospital for Women	16
Burton-on-Trent General Infirmary ...	—
High Peak Isolation Hospital	—
Victoria Hospital, Worksop	1
Derbyshire Hospital for Women	1

A Consultant's opinion was requested in 19 cases, and was immediately provided.

Ophthalmia Neonatorum.—The incidence of Ophthalmia Neonatorum during the year and the results of treatment are set out in the following table :—

TABLE XXVIII.

Cases.						
	Treated.					
Notified.	*At Home.*	*In Hospital.*	*Vision unimpaired*	*Vision impaired.*	*Total Blindness.*	*Deaths.*
56	49	7	52	4	—	2

ANTE-NATAL SCHEME.

The ante-natal scheme has developed with great rapidity, and expressions of appreciation for the facilities provided have been received from doctors, midwives, and patients. There are now 12 clinics scattered throughout the County at which a total of 259 sessions were held during the year, with an attendance totalling 2,316. There are no figures for previous years with which to compare these, for although the scheme started in its present form in 1928, it was not fully functioning throughout that year, nor were there 12 Clinics. However, it is satisfactory to note that the attendance at each of the Clinics has grown, and that there is smooth co-operation between the Clinic Staffs and the Doctors and Midwives.

The following Table shews the number of sessions and attendances at the Ante-Natal Clinics during the year :—

Name of Clinic.	*No. of Sessions.*	*Attendances.*			
		Ante-Natal.		*Post-Natal.*	
		First Visit.	*Subsequent Visits.*	*First Visit*	*Subsequent Visits.*
Swadlincote ...	27	107	133	28	1
Shirebrook ...	26	204	217	16	—
Long Eaton ...	49	218	401	135	27
Ashbourne ...	14	26	6	—	—
Clay Cross ...	23	116	137	7	3
Derby	20	43	23	4	1
Bakewell ...	24	17	37	4	—
Alfreton ...	25	112	115	15	1
Eckington ...	21	48	40	2	—
Ripley ...	14	25	6	1	—
New Mills ...	14	14	11	3	2
Staveley ...	2	9	1	—	—
Total ...	259	939	1127	215	35

Maternal Mortality.—The Maternal mortality rate for the County for 1929 was 3·75 per thousand births as compared with 4·32 the figures for the year 1928.

The following Table gives the Maternal Mortality rate in the County since 1916 :—

TABLE XXIX.

Year	Deaths from Puerperal Fever.	Rate per 1000 Births	Deaths from other accidents and Diseases of Pregnancy & Parturition	Rate per 1000 Births.	Total.	Rate per 1000 Births	No. of Births.
1916	19	1·45	45	3·43	64	4·88	13,109
1917	14	1·18	33	2·79	47	3·97	11,831
1918	10	·82	27	2·23	37	3·05	12,103
1919	15	1·26	40	3·38	55	4·64	11,838
1920	22	1·41	45	2·89	67	4·30	15,572
1921	12	·83	33	2·29	45	3·12	14,417
1922	17	1·30	35	2·67	52	3·97	13,095
1923	18	1·42	46	3·62	64	5·04	12,681
1924	17	1·34	32	2·53	49	3·87	12,615
1925	17	1·36	31	2·48	48	3·84	12,491
1926	18	1·52	36	3·04	54	4·56	11,845
1927	16	1·43	40	3·57	56	5·00	11,194
1928	21	1·89	27	2·43	48	4·32	11,112
1929	18	1·73	21	2·02	39	3·75	10,394

NURSING HOMES REGISTRATION ACT.

During 1929 there were 17 Nursing Homes on the County Register. Of these, three were registered for the first time during 1929. One Christian Science Home was exempted from registration by the Ministry.

The area controlled by the Council for this purpose is the County Council's Maternity and Child Welfare area together with the Borough of Buxton.

PUERPERAL FEVER AND PUERPERAL PYREXIA.

The arrangements under the Public Health (Notification of Puerperal Fever and Puerperal Pyrexia) Regulations, 1926, have been fully dealt with in previous Reports. During 1929 they have been extended, and the extended facilities brought to the notice of all concerned by a circular letter issued in October, 1929, as follows :—

New County Offices,
St. Mary's Gate, Derby,
14th October, 1929.

Dear Sir,

PUERPERAL FEVER AND PUERPERAL PYREXIA.

The Derbyshire County Council have made arrangements, under the Public Health (Notification of Puerperal Fever and Puerperal Pyrexia) Regulations, 1926, for the following services :—

(*a*) A second opinion on notified cases of Puerperal Fever or Puerperal Pyrexia.

(*b*) The admission of such cases to Hospital.

(*c*) The Bacteriological examination of :—

(i.) Lochia.

(ii.) Blood of such cases.

The County Council are not responsible for Maternity and Child Welfare work in the following Boroughs, and, therefore, Consultants and Hospitals are not available for these areas :—

Buxton.
Chesterfield.
Glossop.
Ilkeston.

(*a*) CONSULTANTS.—The following have been recognised by the Ministry of Health and the County Council as Consultants under the Regulations for Derbyshire :—

N. L. Edwards, Esq., F.R.C.S., 64, Friar Gate, Derby. (Tel. No. Derby 1551.).

H. T. Hicks, Esq., F.R.C.S., 56, Friar Gate, Derby. (Tel. No. Derby 284.).

W. W. King, Esq., F.R.C.S., 432, Glossop Road, Sheffield. (Tel. No. Sheffield Central 2726.).

F. H. Lacey, Esq., M.D., 16, St. John's Street, Manchester. (Tel. No. Manchester Central 1500.).

C. D. Lochrane, Esq., F.R.C.S., 65B, Friar Gate, Derby ; (Home Address) Darley Slade, Duffield Road, Derby. (Tel. No. Derby 1439).

Miles H. Phillips, Esq., F.R.C.S., " Egerton House," 420, Glossop Road, Sheffield. (Tel. No. Sheffield Central 3020.).

C. E. Potter, Esq., M.D., Rosehill House, Derby. (Tel. No. Derby 1372.).

When the services of Consultants are required, either at the time of sending the notification of Puerperal Fever or Puerperal Pyrexia to the District Medical Officer of Health or at any subsequent time, the form of application P.F. 2 should be completed and sent to the County Medical Officer, New County Offices, Derby. A supply of forms P.F. 2 is enclosed.

In case of emergency, application should be made to the County Medical Officer either by telephone (Derby 355) or otherwise. If the office is closed and the case is urgent, application should be made direct to the nearest Consultant and form P.F. 2 sent within 24 hours to the County Medical Officer with a brief note to the effect that the Consultant was urgently required.

The Consultants' fees will be paid by the County Council, and the charges for this will not fall upon the General Practitioner, subject to the above procedure for immediate notification to the County Medical Officer being strictly adhered to ; but not otherwise. The

fee will be recoverable by the County Council from the patient in part or in whole if her financial circumstances permit.

(*b*) Admission of Patients to Hospital.—The County Council have made arrangements with :—

Burton-on-Trent General Infirmary. (Tel. No. Burton-on-Trent 34.).

Derbyshire Hospital for Women, Derby. (Tel. No. Derby 1401.)

Derbyshire Royal Infirmary, Derby. (Tel. No. Derby 668.)

High Peak Isolation Hospital, Chapel-en-le-Frith. (Tel. No. Chapel-en-le-Frith 24.)

Jessop Hospital for Women, Sheffield. (Tel. No. Sheffield Central 521.)

Victoria Hospital and Dispensary, Worksop. (Tel. No. Worksop 108.)

for the reception of notified cases of Puerperal Fever and Puerperal Pyrexia. When it is desired to admit such a case to hospital, application should be made to the County Medical Officer on form P.F. 2.

In cases of emergency, application should be made to the County Medical Officer by telephone, or, if the County Offices are closed and the case is urgent, application should be made direct to the Hospital by telephone, but cases should not be sent before a reply has been received from the hospital that a bed is available, and in such cases of emergency form P.F. 2 should be sent to the County Medical Officer within 24 hours, with a note that the case was admitted to the hospital (named) as an emergency. Arrangements for the removal of patients to and from the hospital will not be undertaken by the County Council.

N.B.—It is a growing practice for Practitioners to call in a Consultant for cases which are obviously requiring hospital treatment. This is not only unnecessary but undesirable, as the County Council are under an obligation to recover fees from the patient, and Practitioners are asked to carefully consider whether they are justified in placing the additional expense of a Consultant's services on to their patient in addition to the cost of accommodation in hospital. In the majority of cases there appears to be no reason why the Practitioner should not make the decision as to whether the patient requires hospital treatment or not, and to act upon his own decision in accordance with the procedure laid down in this circular. Consultants should be called in only to cases where it is contemplated that the Doctor will continue to treat in the patient's own home.

(*c*) Bacteriological Examination of Lochia and Blood.—Specimens should be sent direct to the County Medical Officer, together with form P.F. 2.

Provision of Nurses.—No provision has been made up to the present for the supply of trained nurses in the homes.

Public Health (Ophthalmia Neonatorum) Regulations, 1926.—The County Council have also authorised me to inform Medical Practitioners that arrangements have been made between the Derbyshire Royal Infirmary and the County Council for the treatment of notified cases of Ophthalmia Neonatorum.

If application is made to me by telephone I will arrange immediately for the admission of the case, or, should the necessity arise for treatment when the office is closed, application should be made direct to the Derbyshire Royal Infirmary and a communication sent to this office informing me of the circumstances.

I am,

Yours faithfully,

W. M. ASH,

County Medical Officer.

To all Medical Practitioners in the County of Derby.

This service is appreciated by both patients and the medical profession, many more cases of Puerperal Fever being brought to my notice since notification can be followed up by effective action.

The recent work on droplet infection as an aetiological factor in Puerperal Fever, although by no means conclusive, has satisfied me that there are sufficient reasons to warrant steps being taken to avert this source of infection.

Consequently, all midwives in the County have been urged to wear masks whilst attending cases of midwifery, especially should the midwife herself be suffering from a cold or other nose or throat infection.

TUBERCULOSIS SCHEME.

The County Council's Scheme was explained at some length in the Survey Report of 1925.

DISPENSARY UNIT.

This Unit consists of nine dispensaries. Details of the times of opening, etc. are given on page 34, and particulars of the work done during the year are given in Table X.

There has been no change in the Dispensary service during 1929, except that it was found sufficient to open Burton Dispensary one half-day a week instead of a whole day.

At the end of the year, notice was received to quit the premises used as a Dispensary at Matlock, and early in the current year the County Council purchased Dean Hill House, Causeway Lane, Matlock, for use as a combined Tuberculosis, School Medical and Maternity and Child Welfare Clinics. It is a stone built two-storey house with three reception rooms, five bedrooms, kitchen, scullery, and out-houses. The total cost of the property, including

surveying fees, etc., was £906. By means of slight structural alterations, it was possible to shut off the three reception rooms from the rest of the house, and these rooms are used as the Tuberculosis Dispensary. The upstairs rooms are used for the School and Maternity and Child Welfare Clinics. Occupation of the premises commenced on March 1st, 1930.

INSTITUTIONAL UNIT.

Below is given particulars of the Institutional accommodation provided by the County Council :—

Institution.		*Beds available.*
Derbyshire Sanatorium ...	124	(with an additional six shelter beds available during the summer time).
Penmore Pavilion	14	(with two additional shelter beds for the summer time).
Bretby Hall Orthopædic Hospital	55	
Whitworth Hospital	6	
Other Institutions (not belonging to the C. C.) ...	14	(average)
	213	

The accommodation for the different types of cases is set out below :—

	Males.	*Females.*	*Children.*
Pulmonary Cases—			
Sanatorium Beds ...	40	40	20
Hospital Beds ...	30	14	—
Non-Pulmonary Cases ...	7	7	55*

*These beds are in the Bretby Hall Orthopædic Hospital ; seven of them are reserved for patients from other Authorities.

WALTON SANATORIUM.

The Medical Superintendent of Walton Sanatorium, Dr. A N. Robertson, reports on the work at this Institution during 1929, as follows :—

Statistics.

343 patients admitted.

Males **173.** Females **118.** Children **52.**

331 patients discharged.

Males **165.** Females **117.** Children **49.**

Average number of beds occupied—**119.**

Average length of stay of the patients—**123** days.

Average weight gained by the patients—**9lbs. 3ozs.**

Ministry of Health Classification.

TABLE D.S. 1.

	M.	F.	C.	Total.
Pulmonary				
1. Class T.B. Minus	27	29	41	97
2. Class T.B. Plus				
Group I.	8	3	2	13
Group II.	55	45	4	104
Group III.	65	37	1	103
Totals	155	114	48	317
Non-Pulmonary				
Bones and Joints	...	...	...	...
Abdominal	...	...	1	1
Other Organs	...	...	1	1
Peripheral Glands	1	...	...	1
Non-Tub.	12	7	2	21
Undiagnosed	1	1	2	4
Total	169	122	54	345

Classification of Society of Superintendents.

TABLE D.S. II.

	Without T.B. in Sputum.			*With T.B. in Sputum*			*Hilus Cases.*	*Total*
	M.	F.	C.	M.	F.	C.		
STAGE I.								
Grade A.	19	13	4	5	...	...	...	41
„ B.	3	1	2	...	...	...	...	6
„ C.	...	...	...	...	...	...	...	...
STAGE II.								
Grade A.	6	6	...	10	2	1	...	25
„ B.	1	3	...	3	2	...	...	9
„ C.	...	1	...	...	...	...	...	1
STAGE III.								
Grade A.	6	6	1	26	15	...	...	54
„ B.	3	11	...	20	18	1	...	53
„ C.	3	2	...	40	25	1	...	71
HILUS CASES.								
Grade A.	...	...	...	...	...	...	41	41
„ B.	...	...	...	...	...	...	2	2
„ C.	...	...	...	...	...	...	...	...
Total ...	41	43	7	104	62	3	43	303

General Results of Treatment.

Quiescent	33
Improved	175
No Material Improvement ...	59
Died in Institution	31
	308

Ultra Violet Light Department.

	No. of Cases.	*Cured.*	*Much Imp.*	*Imp.*	*I.S.Q.*	*W.*
Hilum Tuberculosis...	22	—	7	14	1	—
Tub. Glands Neck ...	3	—	—	3	—	—
Tub. Peritonitis ...	4	—	3	—	1	—
Tuberculous Toe ...	1	—	—	1	—	—
Tuberculous Knee ...	1	—	—	—	1	—
Tuberculous Wrist ...	1	—	—	1	—	—
Tuberculous Spine ...	1	—	—	1	—	—
Tuberculous Larynx	1	—	—	—	1	—
Tuberculides... ...	1	—	1	—	—	—
Chronic Pleuritis ...	1	—	—	1	—	—
Erythema Pernio ...	6	3	1	1	1	—
General Debility ...	1	—	1	—	—	—
Rheumatism Shoulder	1	1	—	—	—	—
Lupus	2	—	1	1	—	—
Empyema Wound ...	1	—	—	—	1	—
Pleural Effusion ...	1	—	—	1	—	—
Total ...	48	4	14	24	6	—

Red Ray Treatment.—Six cases of pleural effusion in artificial pneumothorax have had treatment by means of the infra-red and red rays, starting with three minutes' exposure at 39 inches and ending with 30 minutes at 16 inches. The Murray Levick lamp which has been used for the production of the red rays was the gift of a private patient undergoing artificial pneumothorax treatment.

Artificial Pneumothorax.—10 new cases (one female, nine males) were commenced on this treatment, and 19 old cases (11 females, eight males) were continued. There were 520 re-fill operations and two gas replacements performed in the year. Since the use of infra-red rays in cases of pleural effusion in artificial pneumothorax, the number of replacements has diminished greatly. Artificial pneumothorax cases require constant supervision and control,

especially in complicated cases of partial pneumothorax with adhesions and effusions. The increasing demand on one's time required by this form of therapy is shown by a scrutiny of the work of the last six years.

	New cases started on A.P.	*Old cases continued.*	*Refill operations.*	*Gas Replacements.*
1924 ...	5	4	118	5
1925 ...	6	9	81	6
1926 ...	9	4	116	21
1927 ...	11	6	262	12
1928 ...	15	11	378	16
1929 ...	10	19	520	2

Diagnosis Cases.—There were more cases sent in for diagnosis last year than in any previous year. Owing to the frequent examinations required in the use of the subcutaneous O.T. test, these cases involve much extra work and time, which, however, is time not wasted, as diagnosis at an early stage is one of the essentials of the eradication of tuberculosis.

X-Ray Work.—448 X-Ray photographs were taken in the year, and 493 screenings were done in artificial pneumothorax cases.

A new room for the storage of X-Ray films is being built.

Laboratory Work.—1,390 sputums and 323 urines were examined in the Sanatorium laboratory. The laboratory assistant also carried out a considerable number of blood counts, precipitation tests and sedimentation tests. By using Traill's technique instead of the Stockholm technique (sedimentation test), the time of the medical officer is saved, as an intravenous puncture is not needed. As a result of over 100 sedimentation tests in tuberculosis, I have come to the same conclusion as other workers that the test is by no means specific, and is of more use in prognosis than diagnosis. The highest rates of fall per hour observed were 80mm. per hour in a case of lung abscess, and 60mm. per hour in a case of gumma.

Meteorological Data for 1929.

Highest Wind ...	... Dec. 25th ...	... 40·05 miles per hour.
Highest Dry Kata	... Feb. 11th ...	... 54·7
Highest Wet Kata	... Feb. 12th ...	... 93
Lowest Dry Kata	... July 21st ...	... 6
Lowest Wet Kata	... Sept. 18th	... 22·4
Highest Outdoor Temp.	July 16th & 20th	... 81° F.
Lowest Outdoor Temp.	Feb. 15th ...	... 20° F.
Highest Radiant Heat	July 21st ...	... 142·7
Largest amount of Ultraviolet Light	... July 20th ...	... 17·5
Largest Rainfall	... Oct. 5th ...	... 1·34
Highest Max. Temp.	... July 16th ...	... 82° F.
Lowest Min. Temp.	... Feb. 13th ...	... 11° F.
Day of Maximum hours of sunshine ...	... July 15th ...	... 14·5 hours.

February was the month with the highest cooling power; December had the highest wind and greatest rainfall; January the greatest Relative Humidity; March the highest barometric pressure; September highest average temperature at 3 p.m.; July the greatest amount of radiant heat and ultraviolet light; and May the greatest amount of sunshine.

The greatest gain in weight was in October, and, in conformity with most Sanatoria in northern temperate regions in Europe, the greatest gain was in the autumn season, due to the combination of maximum radiant heat and moderate cooling power.

General Remarks.—Although the tubercle bacillus was discovered as long ago as 1882, we are still seeking for a specific cure for pulmonary tuberculosis. Tuberculin treatment was the nearest approach to a specific that has yet been attained, but in practice it did not come up to expectation, and the great wave of tuberculin enthusiasm of a decade ago has gradually faded away. Personally, I never saw any harm result from tuberculin if it was used with proper care, and I still have a feeling that perhaps in many cases it really did good, and I have a sort of hankering after its use again. There are still tuberculin enthusiasts.

Following the apparent failure of specific means such as Tuberculin, I.K., various antituberculous sera, and tubercle vaccines, attention has been more directed to chemiotherapy. Since Professor Moelgard introduced sanocrysin, a compound of gold, which he hoped would kill tubercle bacilli in the living body and yet not destroy the healthy tissues, there has been a veritable " gold rush " in tuberculosis, as indicated by the number of gold compounds used in treatment, such as chrysalbin, lopion, triphal, krysolgan, solganal, allochrysine, and collosol gold. I have only used the

last two, and these without effect, and none of the results recorded with gold therapy have impressed me as really permanent or of great value.

Owing to the failure of these attempts at obtaining a specific or chemiotherapeutic cure, there has been a tendency to place more and more reliance on the mechanical treatment of pulmonary tuberculosis by surgical methods, such as artificial pneumothorax, oleothorax, cauterisation of adhesions, phrenic evulsion, and thoracoplasty. The chief danger of the first three methods is lung rupture, and of the last its irrevocability. I do not think there are very many cases where it would be of great advantage to have oil instead of air in the pleura. One must remember that all these mechanical means are not cures in the ordinary sense of the word, and it is doubtful whether we really know the underlying factor which allows of many cases to get better under such mechanical means.

There are some who deprecate all surgical methods in this disease, but there is not the slightest doubt of their immense value ; each has its sphere of usefulness when used with discrimination, but we must not let their undoubted success deter the discovery of the real specific cure, which depends on some subtle factor underlying resistance.

Nor has a specific means of diagnosis yet been found. All the so-called biological tests are still uncertain ; but of all the tests, I still place most reliance on the subcutaneous tuberculin method. Used with due care, it is never harmful.

Although we are still far from the goal, there is no doubt that tuberculosis work has, during the last two decades, made great advances in X-Ray diagnosis, in pneumothorax work, in surgical methods, and even in the older subjects of symptomatology and physical diagnosis.

DERBYSHIRE SANATORIUM. TABLE D.S. III.

Comparative Statement of Cost.

Year ending March 31st,

	1926.	1927.	1928.	1929.	1930.
Average daily number of Patients	124·4	118·4	124·0	120·3	121·1
do. do. Staff	35·9	35·8	37·0	37·9	37·9

	1926. Total Cost. £	1926. Cost per week per Patient. £ s. d.	1927. Total Cost. £	1927. Cost per week per Patient. £ s. d.	1928. Total Cost. £	1928. Cost per week per Patient. £ s. d.	1929. Total Cost. £	1929. Cost per week per Patient. £ s. d.	1930. Total Cost. £	1930. Cost per week per Patient. £ s. d.
Salaries and Wages ...	3,803	0 11 8½	4,061	0 13 2	4,184	0 12 10½	4,351	0 13 10½	4,869	0 15 5½
Provisions	4,150	0 12 9½	4,031	0 13 0½	4,155	0 12 9½	4,102	0 13 1	4,060	0 12 10½
Drugs and Medical Appliances	436	0 1 4	497	0 1 7½	496	0 1 6½	489	0 1 6½	419	0 1 4
Fuel, Light and Water ...	1,237	0 3 9½	1,650	0 5 4	1,282	0 3 11½	1,133	0 3 7½	1,147	0 3 7½
Domestic and Laundry ...	569	0 1 9½	653	0 2 1	647	0 2 0	673	0 2 2	636	0 2 0
Renewals and Repairs ...	793	0 2 5½	273	0 0 10½	378	0 1 2	589	0 1 10½	593	0 1 10½
Miscellaneous	439	0 1 4½	429	0 1 4½	494	0 1 6	556	0 1 9½	489	0 1 6½
Rates, Taxes and Insurance	614	0 1 10½	711	0 2 3½	660	0 2 0½	668	0 2 1½	597	0 1 10½
Loan Repaymcnt and Interest	944	0 2 11	991	0 3 2½	912	0 2 10	897	0 2 10	896	0 2 10
Capital Expenditure out of Revenue (garage)	182	0 0 6½	—	—	—	—	14	½	—	—
Gross Totals	13,167	2 0 7	13,296	2 3 0	13,208	2 0 8½	13,472	2 2 11½	13,706	2 3 5
Deduct Profit on Farm Account	131	0 0 5	118	4	50	0 0 1½	102	0 0 3½	144	0 0 6
Deduct other Income ...	29	0 0 1	21	0 0 1	26	0 0 1	44	0 0 2	386	0 1 3
Net Cost	13,007	2 0 1	13,157	2 2 7	13,132	2 0 6	13,326	2 2 6	13,176	2 1 8
Food per person per week ...		9/11d.		10/–		9/11d.		9/11d.		9/9½d.

TABLE D.S. IV.

Table shewing Condition of Patients discharged from the Derbyshire Sanatorium, Walton, from 1915-1928 inclusive.

Actual Figures and Percentages.

Condition in 1929.	YEAR OF DISCHARGE FROM SANATORIUM.																		Total.	
	1915–1919.		1920.		1921.		1922.		1923.		1924.		1925.		1926.		1927.		1928.			
	No.	*Per cent.*	*No.*	*Per cent.*	*No.*	*Per cent.*	*No.*	*Per cent.*	*No.*	*Per cent.*	*No.*	*Per cent.*	*No.*	*Per cent.*	*No.*	*Per cent.*	*No.*	*Per cent.*	*No.*	*Per cent.*	*No.*	*Per cent.*
Cured	399	**39·31**	96	**34·67**	82	**32·53**	84	**30·12**	60	**21·67**	64	**20·52**	44	**12·84**	13	**4·13**	5	**2·24**	1	**·33**	848	**23·63**
Arrested	36	**3·55**	32	**11·56**	26	**10·33**	19	**6·81**	38	**13·73**	74	**23·72**	99	**28·86**	125	**39·68**	53	**23·77**	37	**12·47**	539	**15·01**
Not arrested	14	**1·38**	11	**3·97**	5	**1·98**	6	**2·15**	11	**3·97**	24	**7·69**	23	**6·70**	56	**17·78**	74	**33·19**	144	**48·48**	368	**10·26**
Condition not ascertain'd	7	**·69**	3	**1·08**	3	**1·19**	1	**·36**	4	**1·44**	—	—	4	**1·17**	6	**1·90**	4	**1·79**	9	**3·03**	41	**1·14**
Lost sight of or not Tuberculosis ...	243	**23·94**	46	**16·60**	38	**15·08**	42	**15·05**	40	**14·44**	46	**14.74**	45	**13·12**	25	**7·94**	31	**13·90**	25	**8·41**	581	**16·18**
Dead	316	**31·13**	89	**32·12**	98	**38·89**	127	**45·51**	124	**44·75**	104	**33·33**	128	**37·31**	90	**28·57**	56	**25·11**	81	**27·28**	1213	**33·78**
Total	1015	**100·00**	277	**100·00**	252	**100·00**	279	**100·00**	277	**100·00**	312	**100·00**	343	**100·00**	315	**100·00**	223	**100·00**	297	**100·00**	3590	**100·00**

PENMORE PAVILION.

During the year this pavilion has continued to be used for the treatment of advanced female patients, under the clinical charge of Dr. Nicholson, the Tuberculosis Officer for the Chesterfield Area.

The following Table shows the admissions and discharges that have taken place during the year :—

TABLE T.I.

	Females.
Patients in the Pavilion on 1st Jan. 1929	12
Admissions	43
Discharges	41
Patients in the Pavilion on 31st Dec., 1929	14

Condition of patients on discharge :—

Quiescent	3
Improved	18
No material improvement	14
Died in the Institution	6
	41

The average duration of stay of patients discharged from the Pavilion during the year was 124·7 days and the average gain in weight was 12·6 lbs.

BRETBY HALL ORTHOPÆDIC HOSPITAL.

ANNUAL REPORT, 1929.

The Medical Superintendent, Dr. G. A. Q. Lennane, reports on the work of this Institution as follows :—

During the year 1929, the work of the Hospital continued to expand, the 65 beds available being constantly occupied, except for short breaks between the admission and discharge of patients. Of these 65 beds, 55 were allocated for the treatment of surgical tuberculosis and the remainder for non-tuberculous orthopædic cases. The pressure on the beds was so great that it was a considerable relief to get the new 50-bed block open on January 25th, 1930, and thereby reduce the waiting-list of 27 tuberculous cases and 71 non-tuberculous cases.

The treatment of patients followed the usual lines generally with regard to good food, open air, and exposure to sunlight, both natural and artificial. Tuberculosis of the hip and spine is treated by the methods introduced by Dr. W. T. Pugh, of Queen Mary's Hospital, Carshalton, with very satisfactory results.

During the year, further facilities for splint-making have been installed. It is now possible to make the majority of splints, frames,

etc., required in the treatment of patients on the premises. A total of 135 splints were made during the year, as follows :—

Callipers	15
Thomas's Bed Splints	19
Walking Thomas's Splints ...	13
Pattens	15
Stretcher Frames	4
Spinal Frames	7
Boots raised	11
Abduction Splints	2
Boots crooked	6
Other alterations to Boots ...	20
Crutches, pair	1
Metal Arm and Hand Splints ...	3
Wooden Splints	7
Stirrups for Extensions	12

Repairs and alterations to Splints—40.

All patients of school age are subject to educational instruction whilst patients at the hospital. The opening of the new 50-bed block early in 1930 necessitated the appointment of an additional teacher, but as this block was not opened during 1929, she did not take up duty during the period of this Report.

Patients in hospital on January 1st, 1929—M. 39 (T.B. 36, Non-T.B. 3) ; F. 25 (T.B. 20, Non-T.B. 5) ; Total 64.

Admissions during 1929—M. 26 (T.B. 13, Non-T.B. 13) ; F. 14 (T.B. 6, Non-T.B. 8) ; total 40.

Five patients refused admission to hospital.

The number of patients treated during the year was M. 64 ; F. 41 ; total 105.

These patients presented the following lesions, six presenting two lesions each :—

Tuberculosis of the		Non-Tuberculous	
Spine	36	Spastic paralysis ...	6
Hip	24	Infantile paralysis ...	4
Knee	13	Deformities due to Rickets	2
Ankle	1	Talipes	5
Glands	3	Scoliosis	2
Peritoneum	1	Torticollis	2
Wrist	1	Traumatic knee ...	1
Metacarpals ...	1	Claw feet	3
Metatarsus	1	Old fractured femur	1
Tibia	1	Congenital deformities	2
		Contracted Tendons	1
	82		29

Average number of beds occupied 64.

Patients discharged during 1929—Male 25 (T.B. 15, Non-T.B. 10); Female 11 (T.B. 3, Non-T.B. 8); total 36.

One T B male died in Bretby during the year.

Average length of stay of patients:—T.B. cases, 681 days; Non-T.B. cases, 140; all cases 403 days.

On discharge, the tuberculous lesions were quiescent in all but 3 cases. Of these 2 showed improvement, and the other case was transferred to a general hospital. All the non-tuberculous showed improvement. The lesions were as follows:—

Tuberculosis of the		Non-Tuberculous	
Peritoneum	1	Spastic Paralysis ...	5
Abdomen	1	Infantile paralysis ...	3
Glands of neck ...	1	Traumatic knee ...	1
Bones and Joints—		Congenital deformities	2
Knee	2	Torticollis	2
Hip	6	Scoliosis	1
Ankle	2	Claw foot	1
Tibia	1	Talipes	3
Spine	5		
Wrist	1		
	20		18

Two of the patients presented two lesions each.

The following operations were performed:—

Stabilization of the foot	3	
Tenotomy	11	
Circumcision	2	
Wrenching	6	
Osteotomy	5	
Aspiration of abscess	9	
Curettage of abscess	1	
Removal of tonsils and adenoids	9	
Removal of excrescence of hand and foot	1	
	47	
Cases treated by massage and exercises		51
Cases treated by Faradism		8
Cases treated by artificial sunlight		65

The following Dental work was carried out by the County Schools Dental Surgeon:—

No. of cases actually treated	29
Do. re-treated	—
No. of teeth extracted	68
No. of teeth conserved	38
No. of anæsthetics administered for extractions	21

Owing to repeated small outbreaks of diphtheria at Bretby, the County Medical Officer decided to immunise both staff and patients with diphtheria toxoid-antitoxin. In the case of the older patients and staff, immunisation was carried out where shewn to be necessary as a result of the Schick test. In the younger children the Schick test was dispensed with.

The consent of the parents was asked in every case, and was granted, with but few exceptions, in all cases. No untoward results were detected, and, since immunisation, only one case of diphtheria has been diagnosed clinically, and this in a case where immunisation was refused. Bacteriological examination, however, did not confirm the clinical diagnosis.

It is now the custom to ask permission of the parents to immunise a case before it is admitted to hospital.

During 1929, a total of 58 immunisations were carried out without any ill effects whatever, and as a result diphtheria has been eradicated from the Institution.

Orthopædic Clinics.—The "Out-Patient Department" of the Hospital consists of 10 Clinics, situated in various parts of the County, namely, Derby, Belper, Chesterfield, Swadlincote, Long Eaton, Shirebrook, Alfreton, Heanor, Bakewell, and Chinley. Of these, Heanor was opened during the year. These clinics are so situated that they are within easy reach of patients living anywhere in the County. Each clinic is visited once a month by the Orthopædic Surgeon, and nurses attend them weekly, and in some cases twice a week.

Patients attend at the clinics for exercises and treatment, and, if it is thought necessary by the Orthopædic Surgeon, they are recommended for admission to Bretby Hall. After discharge from Bretby Hall, they are kept under observation and receive after-treatment at the clinics.

The following cases were treated at the Clinics during the year:—

Tuberculosis	90
Rickets	108
Infantile Paralysis	125
Spastic Paralysis	43
Scoliosis	115
Congenital deformity	61
Unclassified	156
Total	698
Total Attendances	5,026
Number of Plasters applied ...	188

During the year the following orthopædic appliances were provided from the orthopædic clinic :—

Calipers	32
Side Irons	10
Double Irons	15
Knock-knee Irons	27
Hand and Shoulder Splints ...	5
Frames	6
Back Supports	7
Cock-up splints	3
Bed Splint	2
Collars	1
Club Foot Shoes	2
Invalid Chair	1
Alteration to Boots	138
Miscellaneous	20

BRETBY HALL ORTHOPÆDIC HOSPITAL. TABLE B. I.

Comparative Statement of Costs.

Year ending March 31st.

	1927		1928		1929		1930	
Average Daily No. of Patients	50·9		56·1		63·5		71·8	
Do. do. Staff ...	19		20·6		24·9		29·4	
	Total Cost.	*Cost per week per patient.*	*Total Cost.*	*Cost per week per patient.*	*Total Cost.*	*Cost per week per patient.*	*Total Cost.*	*Cost per week per patient.*
	£	£ s. d.	£	£ s. d.	£	£ s. d.	£	£ s. d.
Salaries, and Wages	1,897	17 3	2,206	15 1	2,264	13 8	2,915	15 7
Provisions	762	6 10	1,298	8 10	1,765	10 8	1,949	10 5
Drugs and Medical Appliances...	244	2 2	273	1 10½	340	2 1	377	2 1
Fuel, Light and Water ...	638	5 9	614	4 2	814	4 11	802	4 3
Domestic and Laundry ...	504	4 5	443	3 0	314	1 11	700	3 9
Renewals and Repairs ...	1,318	11 11	1,223	8 4	887	5 4	1,133	6 0
Miscellaneous	241	2 2	368	2 6	170	1 0	288	1 6
Rates, Taxes and Insurance ...	226	2 1	224	1 6½	196	1 2	284	1 6
Loan Repayment and Interest	1,757	15 10	1,825	12 6	2.056	12 5	2,672	14 3
Gross Totals ...	7,587	3 8 5	8,474	2 17 10	8,806	2 13 2	11,120	2 19 4
Deduct Rents, etc.	294	2 8	271	1 10	359	2 2	569	3 0
Nett Totals	7,293	3 5 9	8,203	2 16 0	8,447	2 11 0	10,551	2 16 4
Food per person per week		4/9		6/6		7/8		7/4

WHITWORTH HOSPITAL.

During the year, in order to provide additional institutional accommodation for advanced cases of pulmonary tuberculosis in males, the County Council entered into an agreement with the trustees of the Whitworth Hospital for the use of a detached block at the hospital. The block provides accommodation for six cases of advanced pulmonary tuberculosis in males. The County Council pay £200 per annum as rent, together with the actual cost of food, drugs, laundry, nursing, and other attendances. The block was opened on July 1st, 1929, but on account of the difficulty of obtaining nursing staff, the accommodation could not be fully utilised until later in the year; nevertheless, the daily average of patients accommodated during the last six months of the year was 4·9.

	Males.
Patients admitted to the hospital since it was opened on July 1st, 1929	14
Patients discharged	8
Patients in the hospital on December 31st, 1929	6

Condition of patients on discharge:—

Improved	1
No material improvement... ...	6
Died in the hospital	1
	8

The average duration of stay of the eight patients discharged was 39 days.

The block is under the clinical charge of the Tuberculosis Officer of the area, Dr. P. Heffernan, who reports as follows:—

The Tuberculosis Block, Whitworth Hospital, Darley Dale.

This block—a self-contained unit of six beds—was opened for the reception of male cases of advanced pulmonary tuberculosis on July 1st, 1929. Between that date and the end of the year, fourteen patients were admitted. Of these, six took their discharge or were discharged after periods of treatment varying from 4 to 101 days; one was transferred to the Bakewell Union Infirmary, one died, and six remained in hospital on December 31st.

Of the cases who took their discharge, three died soon after returning to their homes. The case transferred to the Bakewell Infirmary also died.

The Matron had, at first, considerable difficulty in finding suitable probationers to help with the nursing. For this reason it was not possible to work the block to full capacity.

It is, perhaps, well to define at the beginning the objects aimed at in utilising this hospital accommodation for cases of advanced tuberculosis. The objects are, firstly, the prevention of familial infection, which, as shown by the Report of the County Medical

Officer for last year, is still perhaps the main preventable cause of tuberculosis ; and, secondly, the curative or ameliorative treatment of the cases admitted. Patients are selected with these objects in view. To attain these objects, prolonged stay in hospital is necessary, and it is essential that life in hospital should be made sufficiently comfortable and attractive to overcome the homesickness which, naturally enough, afflicts patients suffering from advanced or incurable disease. The delightful situation of the hospital and the fact that patients are not confined to the grounds, but, when physically fit, are allowed morning and afternoon walks to the Whitworth Park, through the Hackney Lanes, etc., have had, I think, a good deal to do with the contentment which the patients exhibit. But even these amenities would be of little avail without the care and solicitude of a sympathetic hospital staff, and I would take this opportunity of offering my best thanks to the Matron and to the Sister in charge for the enthusiasm with which they took up the new development, and for all they have done to make the work of the tuberculosis block at the Whitworth Hospital a success.

OTHER INSTITUTIONS.

In my Report for last year I mentioned that a 32-bed block was being erected at Bretby for the accommodation of adults suffering from surgical tuberculosis. The block was not available for the admission of cases during 1929, so that, as in previous years, cases of non-pulmonary tuberculosis in adults had to be accommodated in suitable outside institutions where beds could be obtained. Only a limited sum of money was available for this service, and this allowed for an average of 14 beds.

During 1929 the Council undertook financial responsibility for cases at the following institutions :—

Shropshire Orthopædic Hospital.
Papworth Village Settlement.
Wingfield Orthopædic Hospital.
Dartmoor Sanatorium, Chagford, Devon.
Royal Sea-Bathing Hospital, Margate.
East Lancashire Tuberculosis Colony, Great Barrow, Chester.
Derbyshire Royal Infirmary.
Manchester Royal Infirmary.

The following table shows the admissions and discharges that have taken place during the year.

TABLE T.II.

	Males.	*Females.*	*Total.*
Patients in institutions on 1st January, 1929 ...	5	6	11
Admissions	12	12	24
Discharges	12	13	25
Patients in institutions on 31st December, 1929 ...	5	5	10

Condition of patients on discharge :—

Quiescent	7
Improved	12
No material improvement ...	1
Died in the institution	2
Not tuberculous	3
	25

The average duration of stay of the patients discharged during the year was 227-9 days.

GENERAL REMARKS.

In my report for last year I emphasised the importance of domiciliary visiting and the examination of contacts by the Tuberculosis Officer, and, in order that more of this work could be carried out, an additional Tuberculosis Officer was appointed, who commenced duty early in 1929. The following figures show the large increase in this side of the work which has resulted :—

	Contacts examined during the year.	*Consultations with Medical Practitioners.*	*Home visits by the Tuberculosis Officer.*
1928	748	886	570
1929	1,514	1,184	2,071

NOTIFICATION.

There was a substantial decrease in the number of primary notifications of all forms of tuberculosis during the year, 702 cases being notified in 1929, as against 814 in 1928. Details of the age groups are given in Table T. III.

As in former years, the Ministry of Health asked for a statement of the number of cases that came to my knowledge other than by formal notification. Details are given in Table T. IV. There was a slight increase in this figure as compared with 1928, the figures being 141 and 132 respectively. During the year every effort was made to secure the notification of all cases that came to my knowledge otherwise than by notification, and the number of cases that were first reported on admission and discharge from hospital or sanatorium and not previously notified was reduced from 33 in 1928 to six in 1929. A substantial decrease was also brought about in the transfer inwards cases escaping notification in this County. There was an increase in the number of cases who were not notified until after death, the figures being 24 and 34 respectively. However, of the deaths returned by the local registrars, 47 had not been notified in 1929, as against 52 during 1928. Excluding 35 unnotified cases of transferable deaths received from the Registrar General, there has been a reduction of 26 cases coming to my knowledge other than by formal notification compared with last year. This is a fair comparison as details of " transferable deaths " received from the Registrar General have not been included in this return in previous years.

TABLE T. III.

Age Periods	TUBERCULOSIS NOTIFICATIONS (FORM A.) — Number of Primary Notifications. 0—1	1—5	5—10	10—15	15—20	20—25	25—35	35—45	45—55	55—65	65 and upwards.	Total Primary Notifications.	Total Notifications on Form A.	TUBERCULOUS NOTIFICATIONS (FORM B.) — Number of Primary Notifications. Under 5	5—10	10—15	Total (0—15)	Total Notifications on Form B.
Pulmonary—																		
Males ...	—	5	11	15	24	29	57	41	29	12	8	231	241	—	—	1	1	1
Females ...	—	—	16	16	41	52	54	31	22	6	4	242	253	—	—	—	—	—
Non-Pulmonary—																		
Males ...	5	23	36	25	12	10	6	4	5	1	2	129	133	—	—	—	—	—
Females ...	4	21	38	10	5	10	3	3	5	—	—	99	101	—		—	—	—
TOTALS ...	9	49	101	66	82	101	120	79	61	19	14	701	728	—	—	1	1	1

TABLE T. IV.

NEW CASES OF TUBERCULOSIS COMING TO THE KNOWLEDGE OF THE COUNTY MEDICAL OFFICER OF HEALTH DURING THE YEAR 1929, OTHERWISE THAN BY NOTIFICATION ON FORM A.

AGE PERIODS	0—1	1—5	5—10	10—15	15—20	20—25	25—35	35—45	45—55	55—65	65 and upwards	Total Cases.
Pulmonary—												
Males ...	—	1	1	—	4	4	11	12	12	3	2	50
Females ...	1	—	2	2	4	2	14	4	5	5	—	39
Non-Pulmonary—												
Males ...	6	9	4	4	—	3	2	4	—	1	—	33
Females ...	2	4	4	3	1	3	1	1	—	—	—	19
TOTALS ...	9	14	11	9	9	12	28	21	17	9	2	141

THE SOURCE OR SOURCES FROM WHICH INFORMATION AS TO THE ABOVE-MENTIONED CASES WAS OBTAINED :—

SOURCE OF INFORMATION.	No. of Cases	
	Pulmonary.	Non-Pulmonary.
Death Returns { From Local Registrars	35	12
Death Returns { Transferable Deaths from Registrar-General	17	18
Posthumous Notifications	19	15
"Transfers" from other areas	14	5
Forms C & D (in respect of cases not previously known to the M.O.H.) ...	4	2
Other Sources	—	—

DEATHS FROM TUBERCULOSIS.

TABLE T. V.

	Number of deaths reported in 1929.	Percentages 1929.	1928.
Cases not notified	45	14·16	18·06
Notified after death	38	11·95	8·03
Notified 1 week before death ...	13	4·09	6·02
2 weeks before death ...	4	1·26	1·33
3 weeks before death ...	6	1·89	1·00
4 weeks before death ...	5	1·57	3·69
1— 2 months before death	16	5·03	8·69
2— 3 ,, ,, ,,	21	6·60	3·67
3—12 ,, ,, ,,	61	19·18	22·08
Over 1 year ,, ,, ,,	109	34·27	27·43
	318		

INQUIRY INTO DEATHS OF PERSONS NOT NOTIFIED.

442 deaths from tuberculosis were recorded by the Registrar General as having occurred in Derbyshire during the year 1929. 436 deaths came to my knowledge during the year. The following table shows the source from which the information was received, the number notified under the Public Health (Tuberculosis) Regulations, and the percentage of cases so notified :—

Source of information.	*Number of Deaths.*	*Number Notified.*	*Percentage notified before death*
Local Registrars	318	235	73·9
Further deaths recorded on the Quarterly Summaries furnished under the Public Health (Tuberculosis) Regulations, 1924, by the Local Medical Officers	90	81	89·9
Transferable Deaths reported by Registrar General ...	28	4	14·2
Total ...	436	320	73·3

Of the deaths that occurred in 1928, 79·33 were notified before death, but for that year I had not available the transferable deaths from the Registrar General, so that the total 1929 figure is not comparable with that for 1928. However, excluding the transferable deaths in the 1929 figure, the percentage of cases notified before death is 77·4. It will be seen, therefore, that the percentage of cases notified has fallen, despite the efforts taken to get every case notified.

PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS, 1924.

From the Quarterly Summaries returned from District Medical Officers of Health in accordance with these Regulations, the following table has been compiled, showing the number of cases of all forms of tuberculosis remaining on their registers on December 31st, 1929 :—

Year.	PULMONARY.			NON-PULMONARY.			
	Males.	Females.	Total.	Males.	Females.	Total.	TOTAL
1925	1350	1077	2427	458	386	844	3271
1926	1447	1164	2611	542	473	1015	3626
1927	1466	1218	2684	626	556	1182	3866
1928	1519	1260	2779	691	614	1305	4084
1929	1498	1283	2781	744	632	1376	4157

TABLE T.VI.

	Notifications.		*Deaths.*	
Year.	*Pulmonary.*	*All Forms.*	*Pulmonary.*	*All Forms.*
1915	727	990	414	557
1916	878	1,098	410	552
1917	893	1,146	405	621
1918	829	1,123	489	667
1919	919	1,176	392	525
1920	787	1,052	334	461
1921	611	830	344	464
1922	671	882	354	481
1923	736	994	345	454
1924	717	1,018	359	476
1925	712	945	364	481
1926	594	887	337	467
1927	489	795	323	439
1928	549	814	321	452
1929	473	701	340	442

TABLE T.VII.

Death-rate from Phthisis or Pulmonary Tuberculosis since 1891.

Year.	*Derbyshire.*	*England and Wales.*
1891-1900	1·08	1·37
1901-1910	·81	1·16
1911-1920	·71	1·07
1921	·58	·884
1922	·59	·889
1923	·57	·836
1924	·59	·841
1925	·59	·833
1926	·54	·771
1927	·52	·791
1928	·51	·754
1929	·53	...

TABLE T. X.

REPORT SHOWING THE WORK OF THE TUBERCULOSIS DISPENSARIES during the Year 1929.

DISPENSARIES.	Ashbourne.	Burton.	Chesterfield.	Chinley.	Derby.	Glossop.	Ilkeston	Long Eaton.	Matlock.	Whole County.
A. Estimated Population, 1929 ...	15,015	35,525	270,705	46,315	101,350	25,890	65,790	30,285	33,425	624,300
Notifications 1929—										
Pulmonary	14	29	191	48	75	16	46	27	32	478
Non-Pulmonary	5	10	96	11	25	13	35	8	21	224
Total	19	39	287	59	100	29	81	35	53	702
B. New Cases— (Total) ...	21	89	433	98	143	50	137	68	96	1135
(*a*) Definitely Tuberculous										
i. Pulmonary	13	26	144	33	48	6	41	19	26	356
ii. Non-Pulmonary	4	13	47	9	6	11	26	10	11	137
(*b*) Doubtfully Tuberculous	3	5	8	8	15	6	3	4	4	56
(*c*) Non-Tuberculous	1	45	234	48	74	27	67	35	55	586
C. Contacts— (Total) ...	24	177	702	110	60	31	253	85	72	1514
(*a*) Definitely Tuberculous:										
i. Pulmonary	...	2	3	5	...	...	2	2	3	17
ii. Non-Pulmonary	1	...	3	3	...	1	2	...	...	10
(*b*) Doubtfully Tuberculous	3	2	7	9	2	...	3	5	2	33
(*c*) Non-Tuberculous	20	173	689	93	58	30	246	78	67	1454
D. Cases Written off Dispensary Register. (Total) ...	23	236	1034	163	159	67	354	144	135	2315
(*a*) Cured.										
i. Pulmonary	1	9	54	...	1	1	16	15	5	102
ii. Non-Pulmonary	...	...	22	4	2	1	7	6	6	48
(*b*) Diagnosis not confirmed or Non-Tuberculous	22	227	958	159	156	65	331	123	124	2165
E. Number on Registers on December 31st, 1929 (Total) ...	104	143	848	302	344	180	240	123	255	2539
(*a*) Diagnosis completed.										
i. Pulmonary	83	103	591	196	290	125	161	96	175	1820
ii. Non-Pulmonary	19	39	253	94	48	52	75	26	76	682
(*b*) Diagnosis not completed	2	1	4	12	6	3	4	1	4	37
1. Number on Register Jan. 1st, 1929	91	133	882	293	343	181	253	131	250	2557
2. No. of transferred and "lost-sight-of" Cases returned	4	2	9	2	15	2	4	4	3	45
3. No. transferred, and lost sight of ...	9	7	36	14	23	4	13	13	14	133
4. No. died during year	4	15	108	24	35	13	40	8	17	264
5 Cases under observation for more than 2 months	5	3	3	15	12	3	4	1	2	48
6. Total Attendances	184	321	2116	488	875	465	1010	458	591	6508
7. Attendances at Orthopædic Clinics	...	...	...	...	...	...	...	...	...	710
8. Consultations with Medical Practitioners:—										
(*a*) At homes	3	24	61	36	7	10	22	6	21	190
(*b*) Otherwise	18	62	412	55	97	46	177	55	65	987
9. Other visits by T.O.'s to Patients' Homes.	13	326	661	85	55	63	554	240	74	2071
10. Number of:—										
(*a*) Sputum, etc., Examinations	36	105	198	114	83	95	187	95	95	1008
(*b*) X-ray Examinations ...	34	59	357	28	129	4	56	55	59	781
11. Insured Persons on Register on Dec. 31st, 1929	45	67	395	151	131	96	109	68	117	1179
12. Insured Persons under Domiciliary Treatment Dec. 31st, 1929 ...	7	5	8	23	20	19	10	5	16	113
13. Reports received in respect of Insured Persons:—										
(*a*) Form G.P. 17	4*	38*	229*	23*	56*	9*	29*	39*	35*	462*
(*b*) Form G.P. 36	19	31	12	22	29	41	14	9	45	222

*Including Letters from Medical Practitioners.

REFRACTORIES INDUSTRIES (SILICOSIS) SCHEME, 1925.

During the year 1929, 7 persons were examined by the Tuberculosis Officers within a month of their commencing work in the industries.

SANDSTONE INDUSTRY (SILICOSIS) SCHEME, 1929.

This scheme came into force on April 1st, 1929. It is on the same lines as the Refractories Industries (Silicosis) Scheme, and as in the case of that scheme, and at the request of the Home Office, the County Council authorised their Tuberculosis Officers to examine all new employees in the Industry. The employers are required to arrange for all new employees to be medically examined before the end of the second month of their employment and to afford them the necessary facilities to attend at the nearest tuberculosis dispensary.

From April 1st to end of the year, 18 persons were examined by the Tuberculosis Officers under this scheme.

Public Health (Prevention of Tuberculosis Regulations), 1925.

It has not been found necessary to take prohibitive action under these Regulations during 1929.

Public Health Act, 1925 (Section 62)

It was not found necessary to take any action under this section during the year.

OTHER SERVICES.

Arrangements for nursing of bed-ridden cases, granting of extra nourishment, the after-care of tuberculous patients and the provision of shelters have undergone no change since 1925, and are as described on pages 88—89 of the Survey Report of that year.

The work done under the above services is tabulated below :—

Homes visited by Health Visitors	9,503
Number of bed-ridden cases nursed	16
Extra Nourishment :—	
No. of patients to whom milk was granted ...	66
Cost	£131
Shelters :—	
No. sold during 1929	4
No. in use at end of 1929	84
No. in store at end of 1929	19
Sets of beds and bedding supplied	20
Shelters supplied but not in use	16
Shelters damaged beyond repair	3

X-Rays.—The following table shows the number of patients who were submitted to X-Rays, in the various dispensary areas :—

Dispensary Area.	*No. of patients.*
Ashbourne	34
Burton	59
Chesterfield	357
Chinley	28
Derby	129
Glossop	4
Ilkeston...	56
Long Eaton	55
Matlock	59
	781
Walton Sanatorium	941
Bretby Hall Orthopædic Hospital	297
	2,019

Bacteriological Examination of Sputa.—The following Table shows the number of examinations of sputa for tubercle bacilli made in the County Laboratory during the year :—

TABLE T. VIII.

	Pos.	*Neg.*	*Total*
From Medical Practitioners ...	171	990	1,161
From Dispensaries and Sanatoria	236	778	1,014
From Hospitals	—	2	2
Total	407	1,770	2,177

TABLE T. IX.

Specimens of sputum examined by the Ellerman and Erlandsen method during the year ending December 31st, 1929.

Up to 10 years		11—20		21 & over		Totals	
Pos.	*Neg.*	*Pos.*	*Neg.*	*Pos.*	*Neg.*	*Pos.*	*Neg.*
3	137	22	287	31	447	56	871

TABLE T. XI.

(A) Average Number of Beds Available for Patients during the Year 1929.

——	Observation.	Pulmonary Tuberculosis.		Non-Pulmonary Tuberculosis.		Total.
		"Sanatorium" Beds.	"Hospital" Beds.	Disease of Bones and Joints.	Other Conditions	
Adult Males	4	36	28*	6	1	75
Adult Females	5	38	16	4	1	64
Children under 15 ...	3	17	—	48	2	70
Total ...	12	91	44	58	4	209

(B) Return showing the Extent of Residential Treatment during the Year 1929.

			In Institutions on Jan. 1.	Admitted during the year.	Discharged during the year.	Died in the Institutions	In Institutions on Dec. 31.
Number of Patients	Adults.	M.	59	183	147	23	72
		F.	49	161	146	13	51
	Children.	M.	39	39	40	2	36
		F.	24	29	19	1	33
Number of Observation Cases	Adults	M.	4	21	18	2	5
		F.	1	18	16	—	3
	Children.	M.	1	3	4	—	—
		F.	1	4	3	—	2
	Total		178	458	393	41	202

*6 Adult male beds are available in Whitworth Hospital, but as they have been in use for exactly six months of 1929, only 3 have been shown as "beds available" for the whole year.

TABLE T. XII.

Annual Return showing the immediate results of treatments of patients § and of observation of doubtful cases discharged from Residential Institutions during the year 1929.

	Classification on admission to the Institution	Condition at time of discharge.	Duration of Residential Treatment in the Inst.												T'tal
			Under 3 months			3—6 months			6—12 months			More than 12 months			
			M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	
Pulmonary Tuberculosis	Class TB. minus	Quiescent ...	4	5	4	4	3	19	–	–	3	–	–	–	42
		Improved	8	9	1	4	8	5	1	–	3	–	1	–	40
		No material improve't	1	–	2	–	–	–	–	–	1	–	–	–	4
		Died in Institution	–	–	–	–	–	–	–	–	–	–	–	–	–
	Class TB. plus Group 1	Quiescent	–	–	–	–	–	1	–	–	–	–	–	–	1
		Improved	3	1	–	2	–	1	1	1	–	–	–	–	9
		No material improve't	1	1	–	–	–	–	–	–	–	–	–	–	2
		Died in Institution	–	–	–	–	–	–	–	–	–	–	–	–	–
	Class TB. plus Group 2	Quiescent	–	1	–	–	–	–	–	–	–	–	–	–	1
		Improved	23	16	–	26	18	2	5	6	1	2	–	–	99
		No material improve't	1	7	1	–	–	–	–	3	–	–	–	–	12
		Died in Institution	–	–	–	–	–	–	–	2	–	–	–	–	2
	Class TB. plus Group 3	Quiescent	–	–	–	–	1	–	–	1	–	–	–	–	2
		Improved	6	12	–	8	9	–	4	3	–	2	1	–	45
		No material improve't	16	17	–	8	9	–	3	2	–	4	1	–	60
		Died in Institution	17	8	–	1	2	–	2	–	1	3	1	–	35
Non-Pulmonary Tuberculosis	Bones and Joints	Quiescent or Arrested	–	–	–	–	2	–	1	1	1	–	1	8	14
		Improved	3	3	1	–	1	–	2	–	1	1	1	–	13
		No material improve't	1	–	–	–	–	–	–	–	–	–	–	1	2
		Died in Institution	–	–	1	–	–	–	–	–	–	–	–	–	1
	Abdominal	Quiescent or Arrested	–	–	–	–	–	–	1	–	1	–	–	–	2
		Improved	–	–	–	–	–	–	–	–	–	–	–	–	–
		No material improve't	–	–	–	–	–	–	–	–	–	–	–	–	–
		Died in Institution	–	–	1	–	–	–	–	–	–	–	–	–	1
	Other Organs	Quiescent or Arrested	–	–	–	–	–	–	–	–	1	–	–	–	1
		Improved	–	–	–	–	–	–	–	–	1	–	–	–	1
		No material improve't	–	–	–	–	–	–	–	–	–	–	–	–	–
		Died in Institution	–	–	–	–	–	–	–	–	–	–	–	–	–
	Peripheral Glands	Quiescent or Arrested	–	1	–	–	–	–	–	–	–	–	–	–	1
		Improved	–	–	–	–	–	–	–	–	–	–	–	–	–
		No material improve't	1	–	–	–	–	–	–	–	–	–	–	–	1
		Died in Institution	–	–	–	–	–	–	–	–	–	–	–	–	–

		Under 1 week			1—2 weeks			2—4 weeks			More than 4 weeks			
Observation for purpose of diagnosis	Tuberculous	–	–	–	–	–	–	1	–	–	5	5	3	14
	Non-tuberculous ...	–	–	–	1*	1	–	1†	1	–	10‡	8	2	24
	Doubtful	–	–	1	1	–	–	1	1	–	–	–	–	5

§ It should be borne in mind that the definition of "patient" does not include persons in whom a definite diagnosis of tuberculosis has not been made.

*Cases of Cancer of Lung.

†Case of Heart Disease—died in Sanatorium.

‡Includes:—(*a*) 1 case of splenic anæmia.

(*b*) 1 case of actinomycosis of lungs—died in Sanatorium.

296 Attendances for Artificial Pneumo-thorax refills.

1 Patient admitted for 3 days for Artificial Pneumo-thorax refills.

547 Attendances for Light Treatment.

Annual Return showing in summary form the condition of all Patients whose case records are in the possession of the Dispensaries at the end of 1929, arranged according to the years in which the patients first came under Public Medical Treatment for pulmonary tuberculosis, and their classification as shown on Form A.

Condition at the time of the last record made during the year to which the Return relates			Previous to 1926.					1926.					1927.					1928.					1929.					Grand Total.	Percentage.
			Class T. B. minus.	Class T. B. plus All Groups Group 1.	Group 2.	Group 3.	Total (Class T.B. plus).	Class T.B. minus.	Class T.B. plus Group 1.	Group 2.	Group 3.	Total (Class T.B. plus).	Class T.B. minus.	Class T.B. plus Group 1	Group 2.	Group 3.	Total (Class T.B. plus).	Class T.B. minus.	Class T B. plus Group 1.	Group 2.	Group 3.	Total (Class T.B. plus).	Class T.B. minus	Class T.B. plus Group 1.	Group 2.	Group 3.	Total (Class T.B. plus).		
Alive.	Discharged as cured	Children	M.	629				–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1937	23·86
		Children	F.	524				–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–		
		Ad'ts	M.	379				–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–		
		Ad'ts	F.	405				–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–		
	Disease arrested	Children	M.	91	62	123	4	189	29	5	7	–	12	16	6	3	–	9	–	–	–	–	–	–	–	–	–	–	816	10·05
		Children	F.	60	29	39	2	70	34	9	6	1	16	16	1	2	–	3	–	–	–	–	–	–	–	–	–	–		
		Ad'ts	M.	62	23	15	1	39	25	7	–	–	7	13	–	–	–	1	–	–	–	–	–	–	–	–	–	–		
		Ad'ts	F.	47	21	16	–	37	20	7	–	–	7	11	2	1	–	3	–	–	–	–	–	–	–	–	–	–		
	Disease not arrested	Children	M.	14	20	62	18	100	5	3	25	3	31	9	8	27	2	37	42	17	36	12	65	37	20	44	16	80	948	11·68
		Children	F.	7	11	20	4	35	5	2	22	3	27	16	10	20	3	33	52	14	18	6	38	52	12	43	26	81		
		Ad'ts	M.	7	3	2	–	5	3	2	–	–	2	10	1	2	–	3	30	1	1	1	3	28	2	–	–	2		
		Ad'ts	F.	8	10	4	1	15	2	–	1	–	1	8	1	–	1	2	25	2	1	1	4	21	1	2	–	3		
Condition not ascertained during the Year				10	9	7	2	18	6	1	1	–	2	9	2	–	–	2	5	1	2	1	4	–	–	–	–	–	56	69
Lost sight of or otherwise removed from Dispensary Register					1244				46	8	18	4	30	31	7	11	2	20	17	7	10	2	19	6	1	2	2	5	1418	17·47
Dead.		Children	M.	1224					11	7	37	42	86	8	8	23	25	56	16	3	17	32	52	8	–	6	25	31	2943	36·25
		Children	F.	930					3	3	33	34	70	7	6	29	18	53	16	11	21	16	48	6	–	11	15	26		
		Ad'ts	M.	103					1	–	4	2	6	3	1	–	–	1	2	–	–	–	–	–	–	–	–	–		
		Ad'ts	F.	153					3	–	–	2	2	5	–	3	4	7	3	–	1	–	1	1	–	1	–	1		
Totals				6405					193	54	154	91	299	162	53	121	55	229	208	56	107	71	234	159	36	109	84	229	8118	100·00

TABLE XIII.—(b) Non-Pulmonary Tuberculosis.

Annual Return showing in summary form the condition of all Patients whose case records are in the possession of the Dispensaries at the end of 1929, arranged according to the years in which the patients first came under Public Medical Treatment, and their classification as shown on Form A.

Condition at the time of the last record made during the year to which the Return relates.			Previous to 1926.					1926.					1927.					1928.					1929.					Grand Total.	Percentage.
			Bones and Joints.	Abdominal.	Other Organs.	Peripheral Glands.	Total.	Bones and Joints.	Abdominal.	Other Organs.	Peripheral Glands.	Total.	Bones and Joints.	Abdominal.	Other Organs.	Peripheral Glands.	Total.	Bones and Joints.	Abdominal.	Other Organs.	Peripheral Glands.	Total.	Bones and Joints.	Abdominal.	Other Organs.	Peripheral Glands.	Total.		
			All Groups																									
Alive.	Discharged as cured	Children Ad'ts M.	68				–	–	–	–	2	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–		
		Children Ad'ts F.	108				–	3	1	–	1	5	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–		
		Children M.	317				–	–	2	1	4	7	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	797	41·11
		Children F.	284				–	1	1	2	2	6	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–		
	Disease arrested	Children Ad'ts M.	7	1	3	4	15	3	2	2	4	11	6	2	1	2	11	2	2	–	1	5	–	–	–	–	–		
		Children Ad'ts F.	6	–	6	6	18	2	–	–	6	8	4	3	–	5	12	2	–	1	1	4	–	–	–	–	–		
		Children M.	16	1	2	17	36	6	12	2	23	43	9	11	–	21	41	1	4	–	13	18	–	–	–	–	–	325	16·77
		Children F.	11	2	2	18	33	6	10	4	16	36	2	3	3	16	24	2	1	2	5	10	–	–	–	–	–		
	Disease not arrested	Children Ad'ts M.	9	–	5	–	14	5	–	–	–	5	6	–	1	–	7	6	–	3	2	11	12	1	6	3	22		
		Children Ad'ts F.	2	–	1	1	4	1	–	–	–	1	5	1	–	–	6	6	3	–	2	11	8	–	3	8	19		
		Children M.	7	3	5	1	16	8	–	2	5	15	12	–	–	4	16	9	5	–	12	26	21	14	1	27	63	345	17·79
		Children F.	6	1	3	3	13	8	2	1	5	16	8	–	–	4	12	6	6	1	17	30	9	8	2	19	38		
Transferred to Pulmonary			1	–	1	2	4	1	–	–	–	1	–	2	–	–	2	–	–	–	–	–	–	–	–	–	–	7	·36
Condition not ascertained during the Year			3	1	–	1	5	–	–	–	2	2	2	–	–	2	4	–	–	–	1	1	–	–	–	–	–	12	·61
Lost sight of or otherwise removed from Dispensary Register			281					6	3	4	9	22	10	2	2	5	19	2	1	1	2	6	1	–	–	3	4	332	17·12
Dead.		Children Ad'ts M.	20					2	1	1	2	6	3	2	1	–	6	–	1	–	–	1	1	2	1	–	4		
		Children Ad'ts F.	11					–	1	–	–	1	1	–	1	–	2	1	1	–	–	2	–	1	–	–	1		
		Children M.	25					1	1	–	3	5	2	2	–	1	5	2	2	–	1	5	1	1	–	–	2	121	6·24
		Children F.	18					–	2	–	–	2	–	1	1	1	3	–	–	–	–	–	–	2	–	–	2		
Totals			1290					53	38	19	84	194	70	29	10	61	170	39	26	8	57	130	53	29	13	60	155	1939	100 00

VENEREAL DISEASES.

Details of the arrangements for the treatment of Derbyshire patients suffering from these diseases were given in the Survey Report for 1925 (page 105).

The following Tables show the extent to which the scheme is utilised.

The number of new cases attending the Venereal Diseases Centres during the year 1929, and the diseases for which they required treatment are as follows :—

TABLE XXX.

Disease.	*Burton.*	*Chesterfield.*	*Derby.*	*Nottingham.*	*Stockport.*	*Total.*
Syphilis	3	68	50	14	3	**138**
Gonorrhœa	13	159	113	94	4	**383**
Soft Chancre	—	—	10	1	—	**11**
Total	**16**	**227**	**173**	**109**	**7**	**532**

The details of the cost of the scheme are as follows :—

TABLE XXXI.

Treatment—	£
Out-Patients	2749
In-Patients	78
Salvarsan Substitutes, Drugs, etc.	200
Travelling Expenses—Doctor	40
,, ,, Patients	67
Printing, Postages, etc.	15
Other Services—	
Pathological Examinations	611
Gross cost	3760
Receipts for Pathological work done for other Authorities	290
Nett cost	£3470

The cost per attendance, including both in-patients and out-patients, at Chesterfield, Derby, and Nottingham worked out as follows :—

	s.	d.
Chesterfield	2	2
Derby	2	11
Nottingham	2	1

The General Practitioners submitted 1,629 specimens, details of which are as follows :—

TABLE XXXII.

	Spirochætes.		*Wassermanns*			*Gonococci.*		Other Examinations	
	Pos.	*Neg.*	*Pos.*	*Neg.*	*Doubt'l*	*Pos.*	*Neg.*	*Pos.*	*Neg.*
Derbyshire Derby Borough Burton-on-Trent	—	2	224	1054	50	69	224	2	4

During 1929 the number of specimens submitted by the General Practitioners was 1,629, whilst in 1928, 1927, 1926, 1925 and 1924, the numbers of specimens submitted were respectively 1,545, 1,423, 1,480, 1,174, and 1,013.

Sixteen medical practitioners possessing the necessary qualification and experience, received free supplies of salvarsan and salvarsan substitutes for use within the County. These drugs are kept at the Central Office and issued as required. During the year 1929 a total of 144 doses were supplied as follows :—

Doses.	Novarsenobillon.
0·3 gm.	11
0·45	11
0·6	26
0·75	12
0·9	24
Tryparsamide, 2 gms.	51
Sulphostab 0·3 gm.	3
0·45 „	3
0·6 „	3
	144

BLIND PERSONS ACT, 1920.

At the beginning of 1930 there were 666 blind persons on the Register. Of these, 298 (154 males and 144 females) were in receipt of County relief at a total cost of £6,689 per annum. The average amount of relief per case was 8/7½ per week.

The County Council's scheme for the payment of fares of patients to and from hospitals for treatment for disease or injury to the eye, likely to result in blindness, under Section 66 of the Public Health Act, 1925, were explained in my Annual Report for 1928, and in that Report the County Council's scheme under the Blind Persons Act, 1920, as approved by the Ministry of Health, was set out in detail.

Wherever possible, before adding the name of a blind person to the Register of the Blind, the patient is examined by one of the County Council's medical staff, and, where necessary, by the ophthalmic surgeon.

It is by no means a simple matter to decide in every case whether a person is blind within the meaning of the Act, and it frequently requires special skill to decide this important question. It is essential, therefore, that as soon as possible arrangements should be made whereby people may be brought to one of the Council's main clinics for examination by the ophthalmic surgeon.

It is obvious that the mere payment of money for the relief of blind persons is, from the medical point of view, of secondary importance. Further, the welfare of the blind is essentially a matter for the Medical Department, for we should not lose sight of the fact that there is much information to be gained from investigation of the cases of blind persons, particularly as to the prevention, and sometimes the cure, of blindness. We know fairly accurately the number of blind persons within the Administrative County, and the Register is kept up to date to within one week. At the end of each week any alterations or additions to the Register are notified to the Midland Counties Association for the Blind and to the Nottingham Institute for the Blind, and any information coming to these two bodies is also sent to me weekly. We can say, therefore, that we have now a fairly accurate idea as to the magnitude of the task before us. We have to a great extent settled the amount of relief and the manner of payment thereof to blind persons. The system in this County has worked most expeditiously, and my staff are constantly receiving expressions of gratitude from the blind for the work the Committee is doing. I think we can feel some satisfaction with the results of our undertaking, so far.

Now I feel it is time for the medical side of the question to receive more attention than it has been possible to give it in the past. We should not be satisfied until we have complete history relating to the blindness of each person on the Register, and we should take the opportunity to get expert information as to the causes which have led to blindness, and then take whatever steps appear necessary to prevent blindness from similar causes.

I am in no doubt as to the necessity of approaching this matter of blindness with a view to prevention, and am considering at the moment what is the best way of carrying out such investigation, so that the facilities will be available throughout the County.

MENTAL DEFICIENCY ACTS, 1913 and 1927.

The Mental Deficiency Acts are administered in this County by the Mental Deficiency Act Committee. The number of cases dealt with and the action taken up to the end of 1929 are as shown in the following table :—

TABLE XXXIII.

No. of Cases.	*Males.*	*Females*	*Total*
In Certified Institutions, under "Order"	40	90	130
Do. under "Permissive Powers"	—	6	6
Out on Licence	1	7	8
Under Guardianship	1	3	4
Under Statutory Supervision ...	72	63	135
Transferred from Education Committee during the year...	25	26	51
Other cases "ascertained"	259	264	523

In my Annual Report for 1927, page 104 *et seq*, the provisions of the Mental Deficiency Act, 1913 and 1927, were discussed, explaining the alteration made in the definition of "mental defectiveness" so as to include cases not only due to inherent causes but cases which may have been induced by disease or injury, up to the age of 18 years. It was also explained that, under the new Act, amongst persons subject to be dealt with might now be included any patient with respect to whom representation had been made to the Local Authority by his parent or guardian that he is in need of care and training which cannot be provided in his home. Prior to the new Act, the Local Authority could only deal with such a case if it was neglected, abandoned or without visible means of support or cruelly treated.

I would again mention that Section 10 of the 1927 Act specifically provides that a Local Authority which is both an Education Authority and a Mental Deficiency Act Authority, is enabled to provide an institution to be used both as a Certified Institution under the Mental Deficiency Act and as a Certified School under the Education Act, 1921. This provision is of great importance at a time such as the present, when there is under consideration the provision of an institution for mental defectives. There is great administrative advantage in a combined institution of this sort, but there is also the advantage to the patients in that they are not rooted out at the age of 16 and placed under an entirely different organisation, as would often happen in the case of children who, on reaching that age, still require care and supervision. During 1929 the Local Government Act was placed on the Statute Book. Section 5 of this Act enables Mental Deficiency Act Committees to have exclusive control of persons who otherwise must be dealt with by the Public Assistance Committee under their Poor Law powers, and Section 14(4) of this Act repealed so much of the proviso of Section 30 of the Mental Deficiency Act, 1913, as provides that Local Authorities under that Act shall not have any duties with respect to defectives who are for the time being provided for by Poor Law Authorities.

It will be seen that the tendency of legislation is to place increasing responsibilities upon the Mental Deficiency Act Committee. So far, however, legislation has been directed towards the provision of the necessary powers to deal with the confirmed mental defective.

At the time of writing this Report there is before Parliament a Mental Treatment Bill whose aims are, briefly :—

(1) An extension of the law relating to the admission of voluntary boarders so as to enable a person desirous of voluntarily submitting to treatment for a mental disorder, to be received into an institution acquired or appropriated by the Local Authority for the purposes of the Mental Treatment Bill, a registered hospital or a licensed house ;

(2) Provision for treatment without certification of persons temporarily incapable of volition.

The Bill also aims at providing that a rate-aided patient shall be on the same footing as other patients, and also for substituting the terms " Mental hospital " and " rate-aided " for the terms " asylum " and " pauper."

The Mental Treatment Bill is an indication that the legislature has recognised that mental defect is comparable to physical defect in that the indications are to prevent rather than cure. I think it apposite in this Report to deal more fully with certain aspects of mental disease, realising that throughout the year there has been much discussion in this County as to what type of institutional accommodation is required for mental defectives and where that accommodation should be situated.

It is apparent to many of us who are concerned with the administration of medical services that we are at an interesting stage of their development. To my mind, we have reached the stage which, though interesting, is not conducive to that comfortable feeling that further development will be along the right lines.

In the past—in fact, almost up to the present time—the existence of any relationship between mental and physical ailments was unrecognised. In the middle ages, mental infirmity was regarded as a supernatural visitation, and sufferers were either tortured, burnt as witches, or subjected to various forms of exorcism. Bedlam in 1675 resembled a wild beast show more than anything else. The inmates were confined behind iron bars and often chained to the walls, whilst the public were admitted to this spectacle for a small fee.

The next step had a remote medical basis in that the condition was supposed to be due to " black bile," and so in 1783 we find Dr. Monroe, Physician to Bedlam, pinning his faith to emetics, purges, and bleeding.

Pinel, in France, in 1792, in the face of great opposition, stood out for the abolition of forcible coercion.

Nevertheless, in 1812, Dr. Dunstan, St. Luke's Hospital, believed that *fear* was the most efficient principle by which the insane could be reduced to order, and the report of Mr. Sergeant Adams to the Middlesex Magistrates shows that as late as 1840 he found at Barming Asylum two men who had been chained to their beds for $4\frac{1}{2}$ years.

Little real progress was made in the scientific treatment of the insane until the end of the 19th and the beginning of the 20th Century, when asylums for detention began to undergo a metamorphosis to mental hospitals for treatment. Up to this time, mental deficiency and lunacy were matters which were dealt with by nothing more or less than a brutal prison service.

During the 20th Century there has been a marked advance in that it is now recognised that (*a*) mental deficiency and lunacy are often preventible, and (*b*) there is a close analogy between mental ailments and physical ailments—that they not infrequently co-exist, and are often due to a single cause.

Now, as in the case of physical disease, we recognise that the indications are to prevent rather than to cure, and, where prevention has failed, our aim is to treat, not to incarcerate. Thus, to-day, mental deficiency and lunacy are, from a medical point of view, on a par with other public health services.

Briefly, therefore, the discovery that mental infirmity is often preventible is the outstanding advance in our recent knowledge of the subject. The next step is obviously to apply prevention to mental infirmity. The prevention of disease presupposes the absence of developed disease in any individual. Therefore, the machinery of preventive medicine has to be applied to those who are still within the bounds of normality. Coupled with this is the fact that mental infirmity carries with it, in the eyes of the public, a stigma, not only to the patient, but to the patient's relatives; often wrongly so, I admit, but nevertheless there it is.

Obviously, the administrative machinery for the prevention of mental disease and the treatment of early or slight mental infirmity must be as detached as possible from a service whose whole function is specifically that of dealing with insanity.

The report of the Joint Mental Deficiency Committee of the Board of Education and Board of Control strongly recommends that mental deficiency and lunacy should be an inseparable part of the Mental Health Service. I agree with this so far as it goes; but let us be quite clear where we stand. Mental deficiency is a matter so intimately connected with the School Medical Service that it cannot be separated from that service. There is no clear-cut line of demarcation between the normal child and the dull and backward child, between the dull and backward and the feeble-minded child, or even between the feeble-minded educable child and the uneducable mental defective. Similarly, there is no

medical reason for regarding the problem of mental deficiency in a patient under 16 and one over 16 years of age from different points of view, nor, for that matter, in children under five and over five. It is quite impracticable to have a Mental Health Service looking after the mental health of school children whilst an entirely separate medical service is looking after the physical health of the same children, for, as I have already explained, the aim must be to apply the practice of mental hygiene to those who are still within the bounds of normality. This being so, it would mean dual medical inspection of all school children. The same argument applies to the other services, such as the Maternity and Child Welfare Service. These are by no means the only absurdities which would arise from a separate Mental Health Service.

I have already mentioned the Mental Treatment Bill, and I think I could not do better than quote Lord Russell's words when supporting the Bill in the House of Lords. He said :—

> "This Bill does not deal with insanity and therefore we ask that it should be kept away from all mention of the machinery of insanity. Its whole object, and I am confident it will be successful in this, is to take these people from their suffering from mental illness in the same way as we take them away from their suffering from physical illness."

A separate Mental Health Service will surely be regarded by the public as the machinery of insanity. On the other hand, no one in their right senses would recommend that the Mental Health Service should be detached from early mental treatment and the preventive side of mental health. Therefore, it seems to me that prevention of mental infirmity must, if it is to be accepted by the public, be part of the general Public Health Services.

If we are going to carry out the intentions of the Mental Treatment Bill, then it means that all those incipient and early cases of mental infirmity should, as far as possible, be detached from the confirmed and advanced cases. I doubt whether it is even right to institute special hospitals for early mental treatment except in the very large centres of population, and I feel sure that early mental treatment will be most acceptable to those requiring it if provided at the large general hospitals. If prevention is going to be successfully applied in mental infirmity then early mental treatment must be taught to every medical student and for this additional reason it will be a catastrophe if it is not intimately associated with the work of the large teaching hospitals, which should provide both in-patient and out-patient treatment for this type of case just as they do for general medical and surgical cases.

TABLE XXXIV.

SUMMARY OF WORK DONE BY HEALTH VISITORS DURING 1929.

1. Maternity and Child Welfare.		
(*a*) *Ante-Natal*—		
Attendances at Ante-Natal Centres:		
Ante-Natal		2,066
Post-Natal		250
Total visits to homes		2,447
Sessions at special Ante-Natal Clinics ...		259
(*b*) *Infant Welfare*—		
First visits to infants	9,315	
Other visits (under 1 year) ...	29,055	
Visits to children 1—5 years ...	48,257	
		86,627
(*c*) *Attendances at Infant Welfare Centres*—		
Expectant mothers (at Welfare Centres)		937
Infants under 1 year		30,521
Children over 1 year		26,788
No. of Health Visitors' sessions at Infant Welfare Centres		1,795
2. Tuberculosis—		
No. of visits to homes		9,003
No. of Dispensary sessions attended		843
3. School Medical Inspection—		
Medical Inspections—Elementary		31,670
Do. Secondary		3,852
Verminous inspections		135,565
Other Inspections		26,228
Home visits to school children		11,734
Clinic Sessions attended—		
Tonsil and Adenoid operation		934
Ear		188
Eye		476
Dental anæsthetic (2 sessions a day) ...		242
4. Mental Deficiency—		
Visits to homes		1475
5. Blind Persons Act—		
Visits to homes		3,037
6. Miscellaneous Visits		*1,406

* Mainly Smallpox visiting.

COUNTY OF DERBY.

Appendix II.

Table of Deaths during the year 1929 in each of the URBAN Sanitary Districts, Classified according to Diseases.

URBAN SANITARY DISTRICT.	DEATHS FROM SUBJOINED CAUSES.																																			Totals
	Enteric Fever.	Smallpox.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria.	Influenza.	Encephalitis Lethargica.	Meningococcal Meningitis.	Tuberculosis of Respiratory System.	Other Tuberculous Diseases.	Cancer. Malignant Disease.	Rheumatic Fever.	Diabetes.	Cerebral Hæmorrhage, etc.	Heart Disease.	Arterio Sclerosis.	Bronchitis	Pneumonia (all forms).	Other Respiratory Diseases.	Ulcer of the Stomach or Duodenum.	Diarrhœa, etc. (under 2 yrs.)	Appendicitis and Typhlitis.	Cirrhosis of Liver.	Acute and Chronic Nephritis.	Puerperal Sepsis.	Other Accidents and Diseases of Pregnancy & Parturition.	Congenital Debility and Malformation including Premature Birth.	Suicides.	Other Deaths from Violence.	Other Defined Diseases.	Causes ill-defined or unknown	Polio-myelitis.	Polio-encephalitis.	Anthrax.	All Causes.
ALFRETON	...	...	6	...	...	...	7	1	1	7	...	37	1	4	10	41	20	14	19	3	1	1	1	1	7	..	1	9	2	9	37	...	...	...	...	240
ALVASTON & BOULTON	...	...	..	...	...	...	2	...	...	2	1	2	...	...	1	5	...	...	4	1	1	...	1	...	1	...	...	...	...	2	3	1	...	...	...	27
ASHBOURNE	...	...	...	...	...	...	3	...	...	3	...	5	...	...	6	3	1	...	3	1	...	1	...	...	...	...	...	2	...	2	12	..	...	...	...	42
BAKEWELL	...	...	...	...	...	...	4	...	...	4	1	5	...	...	4	10	2	5	...	1	...	...	...	1	...	...	...	1	...	2	11	...	...	...	...	51
BASLOW	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	2	1	...	...	...	...	...	...	1	..	...	...	...	...	...	...	...	...	...	...	5
BELPER	...	...	...	...	2	...	10	...	...	6	1	17	1	4	6	34	5	6	11	2	...	...	...	2	6	...	...	7	1	7	28	...	...	...	...	156
BOLSOVER	...	...	...	1	1	...	3	1	...	6	2	8	1	..	1	9	3	8	11	6	...	3	3	2	1	1	...	4	1	4	18	1	...	...	...	99
BONSALL..	...	...	...	...	...	...	1	...	...	1	...	1	...	...	2	1	...	...	4	...	1	...	...	...	1	...	...	...	1	2	3	...	..	...	...	18
BRAMPTON & WALTON	...	...	...	...	...	...	4	...	...	3	...	3	1	...	1	8	2	...	1	1	...	...	...	...	...	...	...	...	1	1	10	...	...	...	...	36
BUXTON (Boro')	...	...	...	...	4	3	22	...	...	9	2	15	...	4	11	26	9	10	14	3	2	...	1	...	10	1	...	7	2	14	29	1	.	...	...	199
CHESTERFIELD (Boro')	1	...	5	...	7	14	31	4	...	39	18	72	1	14	46	168	19	36	59	11	5	7	3	5	10	...	2	40	8	24	118	2	...	...	...	769
CLAY CROSS	...	...	...	...	...	1	2	...	.	1	1	13	...	...	7	14	1	15	7	...	...	2	...	...	5	...	1	5	3	4	19	...	...	...	...	101
DRONFIELD	...	...	...	...	...	...	1	1	...	2	...	8	...	...	3	21	3	7	1	...	2	...	...	...	2	...	...	4	1	1	10	1	...	...	...	68
GLOSSOP (Boro')	...	...	...	...	...	...	21	1	...	14	2	29	...	4	15	48	13	32	23	2	1	...	...	1	10	...	3	10	6	7	43	3	...	...	...	288
HEAGE	...	...	...	...	...	...	2	1	...	4	2	3	...	...	4	7	1	2	...	1	...	...	...	...	2	...	1	2	1	...	8	...	...	...	...	41
HEANOR	...	...	1	...	2	1	9	1	...	7	6	24	1	1	11	35	2	24	14	2	3	1	2	...	4	...	...	16	2	13	51	2	...	..	...	235
ILKESTON (Boro')	...	...	...	...	13	2	29	...	...	26	10	38	...	2	18	51	16	26	57	3	4	7	1	1	9	1	...	14	1	15	70	1	...	...	...	415
LONG EATON	...	...	1	...	1	...	4	...	...	9	1	18	...	3	18	46	2	6	22	2	1	...	...	1	2	1	1	7	4	4	57	...	...	...	...	211
MATLOCKS	...	...	...	2	...	...	3	...	...	8	1	18	1	1	9	30	12	14	10	1	2	...	..	...	2	...	...	5	2	8	23	3	...	...	...	155
NEW MILLS	...	...	...	...	...	...	7	1	...	4	...	6	1	1	5	11	5	7	9	1	1	...	...	...	5	...	...	4	1	1	22	...	...	...	...	92
NORTH DARLEY	...	...	...	...	...	...	3	...	...	2	1	5	...	...	5	1	2	3	3	1	...	1	...	...	3	...	...	2	1	1	8	1		1	...	44
RIPLEY	...	...	...	...	...	3	6	...	...	9	1	15	...	1	9	15	4	12	7	4	1	2	...	...	4	1	1	13	2	7	30	1	...	...	...	148
SOUTH DARLEY	...	...	...	...	...	...	2	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	5
SWADLINCOTE	...	...	...	...	3	2	7	...	...	11	2	15	3	...	15	35	...	17	13	...	2	...	1	...	6	2	1	20	3	9	55	1	...	...	...	223
WIRKSWORTH...	...	...	...	...	...	...	...	...	...	1	1	6	...	...	3	19	3	3	4	...	...	...	...	...	1	...	...	...	...	1	5	5	..	...	...	...	52
TOTAL OF URBAN DISTRICTS	1	...	13	3	33	26	184	11	1	178	53	363	11	39	211	640	126	247	296	46	27	25	13	15	91	7	11	172	44	143	671	18	...	1	...	3720

COUNTY OF DERBY.

Appendix IIa.

Table of Deaths during the year 1929 in each of the RURAL Sanitary Districts, Classified according to Diseases.

RURAL SANITARY DISTRICTS.	DEATHS FROM SUBJOINED CAUSES.																																TOTALS
	Enteric Fever.	Smallpox.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria.	Influenza.	Encephalitis Lethargica.	Meningococcal Meningitis.	Tuberculosis of Respiratory System.	Other Tuberculous Diseases.	Cancer, Malignant Diseases.	Rheumatic Fever.	Diabetes.	Cerebral Hæmorrhage, &c.	Heart Disease.	Arterio Sclerosis.	Bronchitis.	Pneumonia (all forms).	Other Respiratory Diseases.	Ulcer of Stomach or Duodenum.	Diarrhœa, etc. (under 2 years).	Appendicitis and Typhlitis.	Cirrhosis of Liver.	Acute and Chronic Nephritis.	Puerperal Sepsis.	Other Accidents and Diseases of Pregnancy and Parturition.	Congenital Debility & Malformation (includ. ing Premature Birth).	Suicides.	Other Deaths from Violence.	Other defined Diseases.	Causes ill-defined or unknown.	Poliomyelitis.	Polio-encephalitis	Anthrax.	All Causes.
ASHBOURNE	...	...	...	...	...	...	7	...	...	3	3	16	...	...	9	15	3	4	10	1	1	1	...	2	1	2	...	4	1	6	35	1	...	...	...	125
BAKEWELL	1	...	1	1	2	2	22	...	...	8	3	32	1	4	19	47	14	18	4	2	3	...	1	2	11	...	...	11	1	5	59	1	...	...	...	275
BASFORD	...	...	...	...	...	...	...	...	...	2	...	3	...	...	...	5	2	...	2	...	...	...	...	1	...	...	...	...	...	1	2	...	...	...	...	18
BELPER	...	...	...	...	1	...	16	...	1	10	6	35	1	5	12	37	18	15	26	4	...	...	2	...	14	...	5	16	3	16	46	...	...	...	...	289
BLACKWELL	1	...	4	2	2	3	35	1	...	30	8	36	...	6	18	64	22	37	37	8	..	15	4	2	7	1	...	31	7	17	96	2	1	...	...	497
CHAPEL-EN-LE-FRITH ...	...	...	...	...	1	...	16	...	...	9	2	26	...	1	24	52	13	9	8	3	2	3	...	2	9	1	...	7	1	7	33	...	...	...	...	229
CHESTERFIELD	2	...	2	1	9	11	39	...	1	34	14	84	1	7	48	184	25	60	109	2	9	8	10	3	22	4	2	50	6	51	158	6	...	...	...	962
CLOWN	...	...	...	...	1	1	5	...	...	13	6	14	2	4	9	18	5	20	6	1	2	1	3	...	4	...	...	6	3	8	40	...	...	...	...	172
GLOSSOP DALE	...	...	...	...	...	...	4	...	...	3	...	8	...	...	5	10	4	8	4	...	...	...	2	...	4	...	..	2	2	3	6	...	...	...	...	65
HARTSHORNE & SEALS ...	...	...	...	...	...	2	8	...	...	6	2	11	...	2	6	13	1	6	6	2	2	3	2	1	2	...	1	3	...	2	24	...	...	...	...	105
HAYFIELD...	...	...	...	...	...	...	3	...	...	4	1	8	...	2	2	10	2	3	3	...	1	1	...	...	...	...	...	4	...	...	5	1	...	...	...	50
NORTON	...	...	...	...	...	...	8	...	...	9	...	6	...	...	...	11	8	3	6	...	1	...	...	...	2	1	...	2	...	...	8	...	...	...	..	65
REPTON	1	...	...	...	2	...	18	...	...	7	1	25	...	...	9	36	5	11	10	2	...	1	1	2	9	...	2	5	1	7	37	1	...	...	...	193
SHARDLOW	...	...	..	2	5	...	15	1	...	24	3	48	3	13	21	71	14	20	29	2	1	4	2	2	8	2	...	19	6	22	89	1	...	...	...	427
SUDBURY	...	...	...	...	...	...	3	...	...	...	...	2	...	1	3	5	3	1	2	...	...	...	...	...	1	...	...	...	...	...	11	...	...	...	...	32
TOTAL OF RURAL DISTRICTS	5	...	7	6	23	19	199	2	2	162	49	354	8	45	185	578	139	215	262	27	22	37	27	17	94	11	10	160	31	145	649	13	1	...	...	3504

WHOLE COUNTY.

RURAL DISTRICTS	5	...	7	6	23	19	199	2	2	162	49	354	8	45	185	578	139	215	262	27	22	37	27	17	94	11	10	160	31	145	649	13	1	...	...	3504
URBAN DISTRICTS	1	...	13	3	33	26	184	11	1	178	53	363	11	39	211	640	126	247	296	46	27	25	13	15	91	7	11	172	44	143	671	18	...	1	...	3720
WHOLE COUNTY	6	...	20	9	56	45	383	13	3	340	102	717	19	84	396	1218	265	462	558	73	49	62	40	32	185	18	21	332	75	288	1320	31	1	1	...	7224